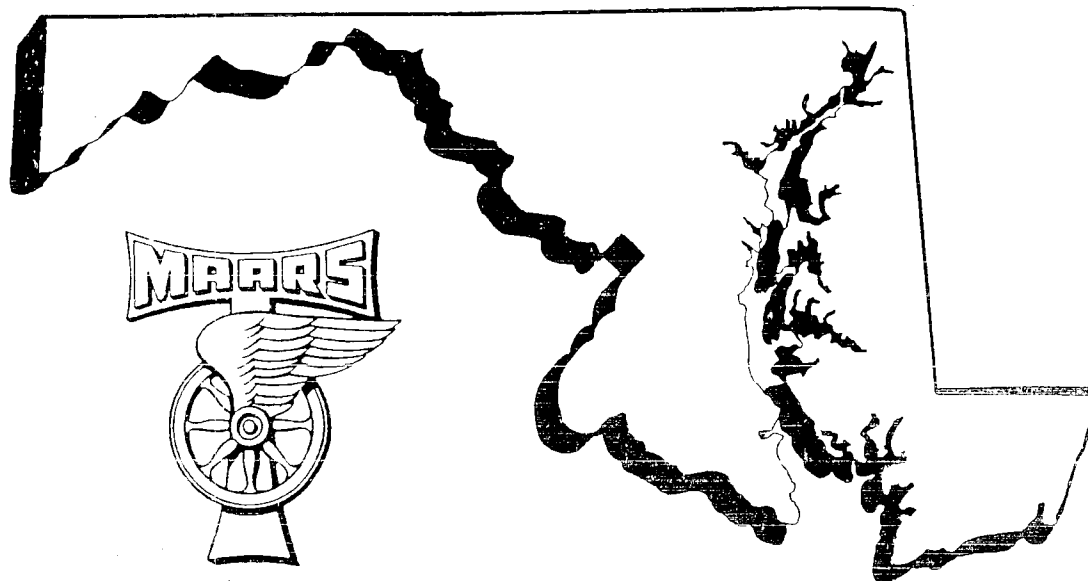


The Maryland Automated Accident Reporting System (MAARS)



Instruction and Reference Manual

Central Records Division
Maryland State Police
Pikesville, MD 21208-3899


01/10

TABLE OF CONTENTS

INTRODUCTION	1
GENERAL INFORMATION AND INSTRUCTIONS	3
BASIC REPORTING	3
BASIC LAYOUT	3
SEQUENCE FOR RECORDING	3
BASIC CODE CHARACTERISTICS	5
ACCIDENTS REQUIRING MORE SHEETS	5
OPTIONAL DATA IN BASIC REPORTING	5
FLAGGING REPORTS FOR SPECIAL HANDLING	5
ENTERING DATA ON THE REPORT FORM	6
ENTERING DATA IN THE MAARS DATA ENTRY SYSTEM	7
THE DATA ENTRY SYSTEM SCREENS	7
ENTERING DATA AND MOVING FROM SCREEN TO SCREEN	9
THE DATA ENTRY <i>HELP</i> SYSTEM	11
MENU OPTIONS AND THEIR MEANINGS	12
DESCRIPTION, LOCATION AND ADMINISTRATIVE DATA	15
FATALITY	19
HIT & RUN	19
NON-TRAF	19
DIRECTIONS	49
DIAGRAMS	51

ACCIDENT CLASSIFICATION - Technical Discussion	57
Basic Terms and Qualifications	58
Classifications Are Identified by the FIRST HARMFUL EVENT	60
Harmful Events	60
What Qualifies as an Accident?	62
TRAFFIC UNITS	68
The Driver/Pedestrian and Vehicle Section	68
What "Traffic Units" Are	69
Do's and Don'ts -- Traffic Unit Guidelines	69
STATE ABBREVIATIONS	74
"PEDs"	82
STATE ABBREVIATIONS	95
PASSENGER & INJURY DATA	126
EMS DATA	136
THE QUICK REFERENCE INSTRUCTIONS	142
CONTENTS OF THE CODING OVERLAY	147
INDEX OF BLOCK LABELS AND KEY TERMS	149
EXAMPLE REPORTS	154

STATE OF MARYLAND MOTOR VEHICLE ACCIDENT REPORT

Report Number 1	Page of 2	Accident Date 3	Accident Time 4	Report Type 5 <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property Damage <input type="checkbox"/> Other	Research 6	Local Case Number 7	Local Code 8	Photos 9 <input type="checkbox"/> No <input type="checkbox"/> Yes
Investigating Officer ID 10	Agency and Area 11	Supervising Officer ID 12	Reviewer ID 13	Code - and - Name of Municipality 14		County 15		
At Char 16	KTY NON Accident Occurred On 17	ROAD NAME 18	In Lane 19 <input type="checkbox"/> No <input type="checkbox"/> Yes	Traffic 20 <input type="checkbox"/> No <input type="checkbox"/> Yes	On Ramp 21 <input type="checkbox"/> No <input type="checkbox"/> Yes	Ramp Number (Direction) 22 1 N-W 2 S-W 3 E-W 4 W-E 5 S-S 6 E-S 7 W-S 8 S-W 9 Other	In Intersection 23 <input type="checkbox"/> No <input type="checkbox"/> Yes	
At Cond 24	INT-KTY 25	INTERSECTING ROAD NAME or Log Mile Reference Manual description. 26		MILEPT 27	DIR 28	Dist. of Acc fr INT-KTY/Ref. Dir. 29 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		
At Div 30	ACCIDENT DIAGRAM 31	Show a label: Roads, Traffic Units, the Travel Direction consistent with the Log Mile Reference 31. Manual, and Movement of Traffic Units.		NORTH 32 		DESCRIBE ACCIDENT briefly: identify units by numbers. Also identify the following: a) the OBJECT DAMAGED & NATURE OF DAMAGES (Property other than vehicles); and b) the NAME & ADDRESS OF OWNER when applicable. 33		
At Cond 34	C/Witness 35 <input type="checkbox"/> No <input type="checkbox"/> Yes	Jurat's 36		Event-1 37		Event-2 38		FIR Ch- 39
Call Ty 40	Light 41	Weather 42		Unit 1 43		Unit 2 44		Unit 3 45
Name (First, Middle, Last) 46		Sex 47	Type of Unit 48 <input type="checkbox"/> Driver <input type="checkbox"/> "PED"	Address (No., Street, City, State, Zip) 49		Tel D Short D Res 50		Inj 51 <input type="checkbox"/> No <input type="checkbox"/> Yes
Movement 52	Condition 53	Subst 54	Test 55	Result 56	FOR 57 <input type="checkbox"/> YES <input type="checkbox"/> NO	Age 58	Type 59	Locat's 60
SAF. DOG 61	EQ. DOG 62	EQ. DOG 63	CITATION NUMBER(s) 64	SAF. DOG 65	EQ. DOG 66	EQ. DOG 67	CITATION NUMBER(s) 68	SAF. DOG 69
Driver's License Number 70	State 71	Class 72	Driver's License Number 73	State 74	Class 75	Driver's License Number 76	State 77	Class 78
Dr Date of Birth 79	Irregular Condition 80 <input type="checkbox"/> Parked <input type="checkbox"/> Caught Fire <input type="checkbox"/> Hit Run	SW Spill 81 <input type="checkbox"/> No <input type="checkbox"/> Yes	Has Met Number 82	Dr Date of Birth 83	Irregular Condition 84 <input type="checkbox"/> Parked <input type="checkbox"/> Caught Fire <input type="checkbox"/> Hit Run	SW Spill 85 <input type="checkbox"/> No <input type="checkbox"/> Yes	Has Met Number 86	
Body Ty 87	CONVER. U.S. DOT Number 88	ICC Number 89	Body Ty 90	CONVER. U.S. DOT Number 91	ICC Number 92	Body Ty 93	CONVER. U.S. DOT Number 94	ICC Number 95
OWNER OR CARRIER NAME (Write "NONE" if Driver) 96		Tel D Short D Res 97		OWNER OR CARRIER NAME (Write "NONE" if Driver) 98		Tel D Short D Res 99		100
OWNER/CARRIER ADDRESS 101		Towed Veh(s) 102		OWNER/CARRIER ADDRESS 103		Towed Veh(s) 104		105
YEAR & MAKE of VEHICLE 106		MODEL 107	let Impact Pt 108	YEAR & MAKE of VEHICLE 109		MODEL 110	let Impact Pt 111	112
EXP YR & REGIS. & STATE 113		AREAS DAMAGED 114	Insurer 115	EXP YR & REGIS. & STATE 116		AREAS DAMAGED 117	Insurer 118	119
VEHICLE ID NUMBER 120		Policy Number 121	Vehicle Removed By 122	VEHICLE ID NUMBER 123		Policy Number 124	Vehicle Removed By 125	126
Vehicle Removed To 127		Vehicle Removed To 128		Vehicle Removed By 129		Vehicle Removed To 130		131
Traffic Unit 1 132		Traffic Unit 2 133		Traffic Unit 3 134		Traffic Unit 4 135		136
Traffic Unit 5 137		Traffic Unit 6 138		Traffic Unit 7 139		Traffic Unit 8 140		141
Traffic Unit 9 142		Traffic Unit 10 143		Traffic Unit 11 144		Traffic Unit 12 145		146
Traffic Unit 13 147		Traffic Unit 14 148		Traffic Unit 15 149		Traffic Unit 16 150		151
Traffic Unit 17 152		Traffic Unit 18 153		Traffic Unit 19 154		Traffic Unit 20 155		156
Traffic Unit 21 157		Traffic Unit 22 158		Traffic Unit 23 159		Traffic Unit 24 160		161
Traffic Unit 25 162		Traffic Unit 26 163		Traffic Unit 27 164		Traffic Unit 28 165		166
Traffic Unit 29 167		Traffic Unit 30 168		Traffic Unit 31 169		Traffic Unit 32 170		171
Traffic Unit 33 172		Traffic Unit 34 173		Traffic Unit 35 174		Traffic Unit 36 175		176
Traffic Unit 37 177		Traffic Unit 38 178		Traffic Unit 39 179		Traffic Unit 40 180		181
Traffic Unit 41 182		Traffic Unit 42 183		Traffic Unit 43 184		Traffic Unit 44 185		186
Traffic Unit 45 187		Traffic Unit 46 188		Traffic Unit 47 189		Traffic Unit 48 190		191
Traffic Unit 49 192		Traffic Unit 50 193		Traffic Unit 51 194		Traffic Unit 52 195		196
Traffic Unit 53 197		Traffic Unit 54 198		Traffic Unit 55 199		Traffic Unit 56 200		201
Traffic Unit 57 202		Traffic Unit 58 203		Traffic Unit 59 204		Traffic Unit 60 205		206
Traffic Unit 61 207		Traffic Unit 62 208		Traffic Unit 63 209		Traffic Unit 64 210		211
Traffic Unit 65 212		Traffic Unit 66 213		Traffic Unit 67 214		Traffic Unit 68 215		216
Traffic Unit 69 217		Traffic Unit 70 218		Traffic Unit 71 219		Traffic Unit 72 220		221
Traffic Unit 73 222		Traffic Unit 74 223		Traffic Unit 75 224		Traffic Unit 76 225		226
Traffic Unit 77 227		Traffic Unit 78 228		Traffic Unit 79 229		Traffic Unit 80 230		231
Traffic Unit 81 232		Traffic Unit 82 233		Traffic Unit 83 234		Traffic Unit 84 235		236
Traffic Unit 85 237		Traffic Unit 86 238		Traffic Unit 87 239		Traffic Unit 88 240		241
Traffic Unit 89 242		Traffic Unit 90 243		Traffic Unit 91 244		Traffic Unit 92 245		246
Traffic Unit 93 247		Traffic Unit 94 248		Traffic Unit 95 249		Traffic Unit 96 250		251
Traffic Unit 97 252		Traffic Unit 98 253		Traffic Unit 99 254		Traffic Unit 100 255		256
Traffic Unit 101 257		Traffic Unit 102 258		Traffic Unit 103 259		Traffic Unit 104 260		261
Traffic Unit 105 262		Traffic Unit 106 263		Traffic Unit 107 264		Traffic Unit 108 265		266
Traffic Unit 109 267		Traffic Unit 110 268		Traffic Unit 111 269		Traffic Unit 112 270		271
Traffic Unit 113 272		Traffic Unit 114 273		Traffic Unit 115 274		Traffic Unit 116 275		276
Traffic Unit 117 277		Traffic Unit 118 278		Traffic Unit 119 279		Traffic Unit 120 280		281
Traffic Unit 121 282		Traffic Unit 122 283		Traffic Unit 123 284		Traffic Unit 124 285		286
Traffic Unit 125 287		Traffic Unit 126 288		Traffic Unit 127 289		Traffic Unit 128 290		291
Traffic Unit 129 292		Traffic Unit 130 293		Traffic Unit 131 294		Traffic Unit 132 295		296
Traffic Unit 133 297		Traffic Unit 134 298		Traffic Unit 135 299		Traffic Unit 136 300		301
Traffic Unit 137 302		Traffic Unit 138 303		Traffic Unit 139 304		Traffic Unit 140 305		306
Traffic Unit 141 307		Traffic Unit 142 308		Traffic Unit 143 309		Traffic Unit 144 310		311
Traffic Unit 145 312		Traffic Unit 146 313		Traffic Unit 147 314		Traffic Unit 148 315		316
Traffic Unit 149 317		Traffic Unit 150 318		Traffic Unit 151 319		Traffic Unit 152 320		321
Traffic Unit 153 322		Traffic Unit 154 323		Traffic Unit 155 324		Traffic Unit 156 325		326
Traffic Unit 157 327		Traffic Unit 158 328		Traffic Unit 159 329		Traffic Unit 160 330		331
Traffic Unit 161 332		Traffic Unit 162 333		Traffic Unit 163 334		Traffic Unit 164 335		336
Traffic Unit 165 337		Traffic Unit 166 338		Traffic Unit 167 339		Traffic Unit 168 340		341
Traffic Unit 169 342		Traffic Unit 170 343		Traffic Unit 171 344		Traffic Unit 172 345		346
Traffic Unit 173 347		Traffic Unit 174 348		Traffic Unit 175 349		Traffic Unit 176 350		351
Traffic Unit 177 352		Traffic Unit 178 353		Traffic Unit 179 354		Traffic Unit 180 355		356
Traffic Unit 181 357		Traffic Unit 182 358		Traffic Unit 183 359		Traffic Unit 184 360		361
Traffic Unit 185 362		Traffic Unit 186 363		Traffic Unit 187 364		Traffic Unit 188 365		366
Traffic Unit 189 367		Traffic Unit 190 368		Traffic Unit 191 369		Traffic Unit 192 370		371
Traffic Unit 193 372		Traffic Unit 194 373		Traffic Unit 195 374		Traffic Unit 196 375		376
Traffic Unit 197 377		Traffic Unit 198 378		Traffic Unit 199 379		Traffic Unit 200 380		381
Traffic Unit 201 382		Traffic Unit 202 383		Traffic Unit 203 384		Traffic Unit 204 385		386
Traffic Unit 205 387		Traffic Unit 206 388		Traffic Unit 207 389		Traffic Unit 208 390		391
Traffic Unit 209 392		Traffic Unit 210 393		Traffic Unit 211 394		Traffic Unit 212 395		396
Traffic Unit 213 397		Traffic Unit 214 398		Traffic Unit 215 399		Traffic Unit 216 400		401
Traffic Unit 217 402		Traffic Unit 218 403		Traffic Unit 219 404		Traffic Unit 220 405		406
Traffic Unit 221 407		Traffic Unit 222 408		Traffic Unit 223 409		Traffic Unit 224 410		411
Traffic Unit 225 412		Traffic Unit 226 413		Traffic Unit 227 414		Traffic Unit 228 415		416
Traffic Unit 229 417		Traffic Unit 230 418		Traffic Unit 231 419		Traffic Unit 232 420		421
Traffic Unit 233 422		Traffic Unit 234 423		Traffic Unit 235 424		Traffic Unit 236 425		426
Traffic Unit 237 427		Traffic Unit 238 428		Traffic Unit 239 429		Traffic Unit 240 430		431
Traffic Unit 241 432		Traffic Unit 242 433		Traffic Unit 243 434		Traffic Unit 244 435		436
Traffic Unit 245 437		Traffic Unit 246 438		Traffic Unit 247 439		Traffic Unit 248 440		441
Traffic Unit 249 442		Traffic Unit 250 443		Traffic Unit 251 444		Traffic Unit 252 445		446
Traffic Unit 253 447		Traffic Unit 254 448		Traffic Unit 255 449		Traffic Unit 256 450		451
Traffic Unit 257 452		Traffic Unit 258 453		Traffic Unit 259 454		Traffic Unit 260 455		456
Traffic Unit 261 457		Traffic Unit 262 458		Traffic Unit 263 459		Traffic Unit 264 460		461
Traffic Unit 265 462		Traffic Unit 266 463		Traffic Unit 267 464		Traffic Unit 268 465		466
Traffic Unit 269 467		Traffic Unit 270 468		Traffic Unit 271 469		Traffic Unit 272 470		471
Traffic Unit 273 472		Traffic Unit 274 473		Traffic Unit 275 474		Traffic Unit 276 475		476
Traffic Unit 277 477		Traffic Unit 278 478		Traffic Unit 279 479		Traffic Unit 280 480		481
Traffic Unit 281 482		Traffic Unit 282 483		Traffic Unit 283 484		Traffic Unit 284 485		486
Traffic Unit 285 487		Traffic Unit 286 488		Traffic Unit 287 489		Traffic Unit 288 490		491
Traffic Unit 289 492		Traffic Unit 290 493		Traffic Unit 291 494		Traffic Unit 292 495		496
Traffic Unit 293 497		Traffic Unit 294 498		Traffic Unit 295 499		Traffic Unit 296 500		501
Traffic Unit 297 502		Traffic Unit 298 503		Traffic Unit 299 504		Traffic Unit 300 505		506
Traffic Unit 301 507		Traffic Unit 302 508		Traffic Unit 303 509		Traffic Unit 304 510		511
Traffic Unit 305 512		Traffic Unit 306 513		Traffic Unit 307 514		Traffic Unit 308 515		516
Traffic Unit 309 517		Traffic Unit 310 518		Traffic Unit 311 519		Traffic Unit 312 520		521
Traffic Unit 313 522		Traffic Unit 314 523		Traffic Unit 315 524		Traffic Unit 316 525		526
Traffic Unit 317 527		Traffic Unit 318 528		Traffic Unit 319 529		Traffic Unit 320 530		531
Traffic Unit 321 532		Traffic Unit 322 533		Traffic Unit 323 534		Traffic Unit 324 535		536
Traffic Unit 325 537		Traffic Unit 326 538		Traffic Unit 327 539		Traffic Unit 328 540		541
Traffic Unit 329 542		Traffic Unit 330 543		Traffic Unit 331 544		Traffic Unit 332 545		546
Traffic Unit 333 547		Traffic Unit 334 548		Traffic Unit 335 549		Traffic Unit 336 550		551
Traffic Unit 337 552		Traffic Unit 338 553		Traffic Unit 339 554		Traffic Unit 340 555		556
Traffic Unit 341 557		Traffic Unit 342 558		Traffic Unit 343 559		Traffic Unit 344 560		561
Traffic Unit 345 562		Traffic Unit 346 563		Traffic Unit 347 564		Traffic Unit 348 565		566
Traffic Unit 349 567		Traffic Unit 350 568		Traffic Unit 351 569		Traffic Unit 352 570		571
Traffic Unit 353 572		Traffic Unit 354 573		Traffic Unit 355 574		Traffic Unit 356 575		576
Traffic Unit 357 577		Traffic Unit 358 578		Traffic Unit 359 579		Traffic Unit 360 580		581
Traffic Unit 361 582		Traffic Unit 362 583		Traffic Unit 363 584		Traffic Unit 364 585		586
Traffic Unit 365 587		Traffic Unit 366 588		Traffic Unit 367 589		Traffic Unit 368 590		591
Traffic Unit 369 592		Traffic Unit 370 593		Traffic Unit 371 594		Traffic Unit 372 595		596
Traffic Unit 373 597		Traffic Unit 374 598		Traffic Unit 375 599		Traffic Unit 376 600		601
Traffic Unit 377 602		Traffic Unit 378 603		Traffic Unit 379 604		Traffic Unit 380 605		606
Traffic Unit 381 607		Traffic Unit 382 608		Traffic Unit 383 609		Traffic Unit 384 610		611
Traffic Unit 385 612		Traffic Unit 386 613		Traffic Unit 387 614		Traffic Unit 388 615		616
Traffic Unit 389 617		Traffic Unit 390 618		Traffic Unit 391 619		Traffic Unit 392 620		621
Traffic Unit 393 622		Traffic Unit 394 623		Traffic Unit 395 624		Traffic Unit 396 625		626
Traffic Unit 397 627		Traffic Unit 398 628		Traffic Unit 399 629		Traffic Unit 400 630		631
Traffic Unit 401 632		Traffic Unit 402 633		Traffic Unit 403 634		Traffic Unit 404 635		636
Traffic Unit 405 637		Traffic Unit 406 638		Traffic Unit 407 639		Traffic Unit 408 640		641
Traffic Unit 409 642		Traffic Unit 410 643		Traffic Unit 411 644		Traffic Unit 412 645		

INTRODUCTION

This manual illustrates and describes the Maryland Automated Accident Reporting System (MAARS) Report Form, revised effective January, 1993, and describes how to complete and code MAARS reports. The principal purpose of the manual is to provide detailed instructions on completing each motor vehicle traffic accident report properly.

Classification and related procedures were guided in general by concepts established in the *Manual on Classification of Motor Vehicle Traffic Accidents*, Standard D16.1-1989 (Fifth Edition), of the American National Standards Institute (ANSI), published by the National Safety Council, 444 North Michigan Avenue, Chicago, Illinois 60611 - (312) 527-4800.

All of the contents and the general layout of the forms were determined jointly by a special Advisory Committee representing agencies interested in and affected by the enforcement accident report forms. The following organizations participated directly in the special committee:

Baltimore County Police Department
Maryland Association of Chiefs of Police
Maryland Department of Transportation
 Office of Transportation Planning
 State Highway Administration
Maryland Institute for Emergency Medical Services Systems (MIEMSS),
 University of Maryland
Maryland State Police
Prince George's County Police Department
Salisbury Police Department
Tri-County Council for Southern Maryland

The stated accident data needs of the U S Department of Transportation were included.

Federal Highway Administration
National Highway Traffic Safety Administration

Advice and consultation were also provided by individuals and organizations not able to attend or serve as working committee members but able to offer valuable comments and suggestions helpful to the success of the revision process.

The accident reporting form meets the known and projected needs of State, local and federal government users. It provides a multi-level reporting capability designed to facilitate the work of enforcement officers while guiding the reporting process to generate complete and accurate data.

The revised MAARS Report Form encompasses a broader scope of information than the previous revision of the form, but the report format has been condensed to contain all of the required information on a single side of one page unless more than 2 traffic units are to be included in the report or more passengers need to be recorded than one form can accommodate.

The reduction in report length has been made possible through a coding overlay which enables the officer to enter 2-character codes in some of the data boxes, especially those at the left side of the report form. When copies of the report are provided to non-enforcement users, a copy of the code set will be needed to interpret the information which is coded.

Every attempt has been made also to simplify the reporting process and streamline the data recording process. This document is intended to be a complete Instruction Manual for completing the MAARS report form and Reference Manual for the requirements of the MAARS data entry system.

Most of the coding choices are self evident using the coding overlay, and most of the instructions that require special attention have been extracted from this manual and printed on the heavy gauge separator sheet that is a part of the forms package. The extracted instructions are identified as a Quick Reference Instructions. After becoming familiar with the reporting requirements, many officers will find the Quick Reference Instructions adequate to answer nearly all questions concerning how to fill out the MAARS report form correctly.

The bottom area of the Quick Reference Instructions has been reserved for notes that an officer might want as a reminder or for any personal use. The beginning of the NOTES area has blocks for County and Municip(ality) as a convenience for officers who work only in one county and/or one municipality and who may want to record the codes for those jurisdictions in the NOTES area.

To manage future revisions to this manual, instructions for each data element will begin on a new page. Replacement pages will be provided as needed. If replacement pages exceed the instructions in the current manual, the new pages will be added with suffixes (e.g., 21a, 21b etc.).

GENERAL INFORMATION AND INSTRUCTIONS

BASIC REPORTING

The entire MAARS accident report is contained on 1 side of a single sheet form. One form will accommodate 2 traffic units: 1 motor vehicle in transport and another vehicle or pedestrian. If more traffic units are involved or there are more vehicle passengers to be included than the form allows, additional report forms are marked as continuation sheets and used as needed.

Some blocks or boxes on the form require a code or description only when circumstances apply. A few shaded areas are not required by the State but provide space to include information often requested by the public, and their use is optional according to the policies established by individual departments (not by individual officers).

BASIC LAYOUT

Side Code Boxes

Admin. & Location	
Diagram	Narrative
Unit 1	Unit 2
Passengers	

← - - - -

The coding overlay obscures most of the text blocks.

Side Code Boxes

THE CODING OVERLAY
(covers all but the sides of the upper parts of the form and shows all codes and code inter- pretations)
Passengers

SEQUENCE FOR RECORDING

The form was designed for the maximum convenience of officers, and there is no set procedure for recording information on the form. Accuracy and completeness are more important than any other considerations for completed reports.

It is recommended that where little or no descriptive information is available about Hit & Run vehicles, such units would be recorded last.

When circumstances do not dictate otherwise, use the following sequence for recording data:

- 1) Enter the upper part of the front with the road name(s), measurements, description of the accident, etc., and then enter the road/accident class codes.
- 2) Describe the vehicle(s) with related information on drivers and description of pedestrians or cyclists in the traffic unit sections in the middle of the report.

- A Link each passenger with the vehicle occupied.**
- B Show the restraints, injuries, and EMS transport of each involved person.**
- C Add witness information (if any) last.**

- Linking the passengers with the appropriate vehicle and with the EMS transporter are illustrated below (and is explained in more detail in the instructions that follow):

Unit # NAME (First)

Type of Unit ADDRESS (No)

46

Traffic Unit #	Seating Posit'n	CODE all inj WRITE NAME &
01 ⁷	98	
01		

phone #.	SEX	AGE	SAFETY EQUIP	EQUIP. PROB.	INJUR. SEVER.	EJECTION	EMS UNIT
99	100	101	102	103	104	105	A ⁰⁶
							B

E Unit	INJURED TAKEN B
M 07 S A	

E Unit	INJ
M 110 S B	

BASIC CODE CHARACTERISTICS

Two-position numeric codes are provided for every *standard, coded* data element. Where no code option is valid, the following codes are used for any code box that cannot be answered correctly with the codes provided. The codes may also be used for non-code blocks.

"00" (standard) or "0"	NOT APPLICABLE OR "DOES NOT APPLY"
"88" (standard) or "OT"	OTHER
"99" (standard) or "UU" or "U"	UNKNOWN

ACCIDENTS REQUIRING MORE SHEETS

The basic report form will record 2 traffic units (2 motor vehicles in transport or 1 motor vehicle and 1 pedestrian or cyclist) and other persons in addition to any drivers recorded in the traffic unit areas. The other persons could be passengers or witnesses in any combination.

Traffic units in excess of 2 require additional MAARS forms. In such cases, it is necessary to label the "Page _ of _" block on the first lines of all forms used, *insert the preprinted MAARS form number on each additional page used*, and then complete only the information on additional traffic units or persons on the added forms.

When there are only 2 traffic units involved, but more persons are involved than the form can contain (and/or there are more than 2 EMS responders to record), you may use a Continuation Sheet for the additional information. Label report blocks or columns as needed on the Continuation Sheet, and enter the additional information required. Number *all* pages and include them in the count of *pages* in the total report package (all MAARS forms and added pages).

OPTIONAL DATA IN BASIC REPORTING

Several data areas on the report form are shaded; they are not required by the State but may be defined as a requirement by the local enforcement department. In absence of a local requirement to complete such information, those areas may be left blank.

FLAGGING REPORTS FOR SPECIAL HANDLING

The top line of the MAARS Report Form includes a block of checkboxes (Report Type) for separating specific types of reports for efficient handling.

The "Fatal box" identifies where copies are needed for current tallies of people killed and fatal accidents and for the Fatal Accident Reporting System of the National Highway Traffic Safety Administration. The "Fatal," "Injury," and "PDO" boxes also help in manual sorting.

The "Hit & Run" box indicates that a special investigation may be either required or pending.

The "Non-Traffic" box indicates reports considered "non-reportable" for statistics and is also a help in manual sorting.

ENTERING DATA ON THE REPORT FORM

Make appropriate entries for all blanks on the accident report form.

Most blocks require information, but some will not apply to every accident. A distinct line may be drawn through sets of blocks or entire sections that do not apply, and the "00 (Not Applicable)" or "99 (Unknown)" code shown as part of the line or as being clearly associated with the line. For an illustration of such uses, refer to the Example Reports in the concluding section of this manual.

The report form contains 3 basic types of data:

- 1) description, location and administrative data (blocks 1-42);
- 2) information on traffic units—vehicles with drivers, pedestrians, etc. (blocks 43-96); and
- 3) vehicle passenger information (blocks 97-110).

The proper entry or data type for each block on the report form is described in this manual in block number order. Illustrations of sections are shown where some explanation applying to a cluster of elements is needed. Side (or margin) boxes usually require reference to the code sets which are shown on the coding overlay.

UNIVERSAL CODES

Most margin boxes require the entry of a 2-digit numeric code. The acceptable codes are listed on the top or underside of the coding overlay. In addition to the specific codes assigned to each data element, 3 universal codes are provided for use wherever they properly apply.

The universal codes should be used as follows:

- | | |
|---------|--|
| 00/0 | <i>Not Applicable</i> indicates that the data element does not apply to the accident or to the traffic unit in question; |
| 88/OT | <i>Other</i> indicates that none of the codes provided applies adequately to the accident or traffic unit; and |
| 99/UU/U | <i>Unknown</i> indicates that the correct information is not available or cannot be confidently reported. |

"OT" is the alphabetic equivalent of "88" and is used in the data system fields where no numeric characters are permitted.

"UU" and "U" are the alphabetic equivalents of "99" and are used in the same manner as "OT" in fields where no numeric characters are permitted.

Many blocks on the form request information which is not coded, but some blocks may not apply to the accident or traffic unit, or the data may not be known. In such cases, use the "00" (Not Applicable) indication or "UU" if the information is unknown.

ENTERING DATA IN THE MAARS DATA ENTRY SYSTEM

This manual provides instructions for the MAARS Data Entry system in conjunction with the instructions on completing the report form. The purpose of combining the instructions is to assure that consistency is maintained in both aspects of acquiring and storing the information. If a change occurs for any data element or set of elements, the unified instructions will be updated at the same time.

Report form fields which are not needed by the automated system are not included in the Data Entry System, and those circumstances are described as needed.

Most of the pages in the section on data elements, beginning on Page 15, present a discussion of a single data element: first, how to complete the MAARS Report Form; then what is required for the Data Entry system (if any entry is required). The two sections are separated by a distinctive horizontal line. Both sections illustrate the field discussed: the report form field above the separator line and the data entry field below it.

Where coded information is required and the Data Entry system contains the codes within a Help window, that window will be reproduced in the lower section. The code set as shown on the MAARS Report overlay will not be reproduced. For the few code sets that are too lengthy for a Help window, the code values will be presented with the discussion of how to complete the report form.

THE DATA ENTRY SYSTEM SCREENS

The Location/Env./Temporal Data Screen occurs once per accident and contains the following fields:

<F1> = Help <F2> = Verify <TAB/↑/↓> = Move <ESC> = Abort

Location/Env./Temporal Data

Batch #	Report #	Date	Time	Research	Local Codes
Officer ID	Agency	Area	Munic	County	
Type Rte #	Suffix	Road Name	In Lane	Signal	On Ramp
Type Rte #	Suffix	Intersecting Rd Name	Milepoint	Dir	Distance F/M Dir

Char	Cond	Div	Surf	CM Zn	Junct	Evnt1	Evnt2	Fx Obj	Coll	Light	Weath

Working With: C:030493.SUP Form: 1: 1 of 4

The Driver/Pedestrian/Vehicle Data Screen occurs a minimum of 2 times per accident to match the structure of the reporting form. Additional sets of Driver/Pedestrian/Vehicle Data screens can be added as needed. The inner part of the Driver/Pedestrian/Vehicle Data screen:

Driver/Pedestrian/Vehicle Data													
Unit	Type	Sex	Inj	EMS	Cond	Subst	Test	BAC	Equip	Prob	Eject		
1													
Citation Numbers							Fault?	Age	Type	Loc	Obey	Vis	
1	2	3											
DL Number				DL St	Class	For Pedestrians Only							
						HM							
D.O.B.		Parked?	H&R?	Fire?	No Driver?	Spill?	Haz Mat #						
DOT#		ICC#	Body	CDL?	Carrier Name								
For Commercial Vehicles Only													
Towed Veh		Year	Make	Model	Impacts								
1	2	3				1st Main							
Exp Yr		Reg Num	State	Areas Damaged		VIN							
				1 2 3									
Mvmnt	Sp Lim	Going	Cont	Body	Hrm Ev	Cntrl	Cntr2	Cntr3	Cntr4	Dam Ex			

The Passenger Injury & EMS Data Screen occurs a minimum of 1 time per accident and accommodates up to 12 passengers per screen. Additional Passenger Injury & EMS Data screens can be added as needed when there are more than 12 passengers to record for an accident. The inner part of the Passenger Injury & EMS Data screen:

Passenger Injury & EMS Data									
Unit	Pos	Sex	Age	Safety Equip	Child Restr	Inj Sev	Eject	EMS Unit	
Passenger Injury Data									
Unit A		Unit B		Unit C		Unit D			
Taken By Report #		EMS Data							

When adding more screens, the first screen is never duplicated. Additional screens come in a set of two Driver/Pedestrian/Vehicle Data screens and one Passenger Injury & EMS Data screen. Entry of information is not required for screens which are not needed. They are simply left blank.

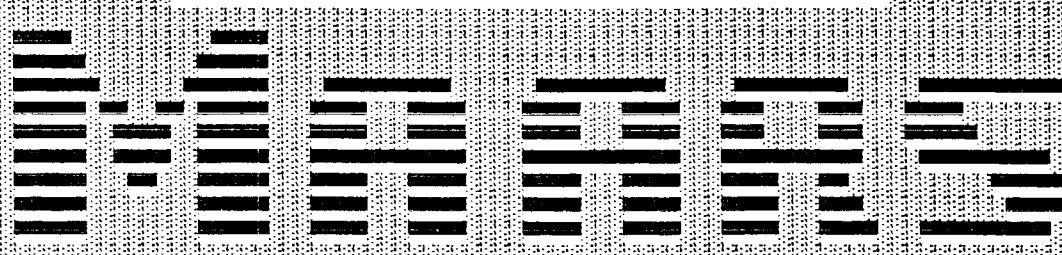
ENTERING DATA AND MOVING FROM SCREEN TO SCREEN

The name of the Data Entry system is MAARS. To start, type MAARS at the DOS prompt, and the title screen will appear with the instruction: Enter Operator ID: which requires the operator's initials or assigned ID code and pressing <Enter>. MAARS will then create a **Filename** consisting of today's date and the Operator ID. At this point, 2 options are available: 1) press <Enter> to select the file by that name, or 2) enter another valid file name to retrieve another (older) file that already has been created. Selecting an older file will allow the contents of the older file to be reviewed or changed as needed.

Selecting today's filename will retrieve that file if it has already been started, but if it is a new file, MAARS will return the message: "Filename" (e.g. 030493.SUP) Not Found - Create It? <Y/N>. Selecting N will exit; selecting Y returns the following screen:

```
Add   Modify   Delete   Change File   Exit
Add A New Report
```

MARYLAND AUTOMATED
ACCIDENT REPORTING SYSTEM



Portions (C) Copyright Microsoft Corp., State of Maryland, 1991
Working With: C:030493.SUP

The Add field will be highlighted (and the second line explains the meaning of "Add") because adding a new report is the only meaningful option at the start (unless the operator wants to exit instead). Pressing <Enter> retrieves Screen 1 in *Edit mode* with the cursor active at the data entry field for Batch #, the first data element.

Using *Add*, *Modify*, *Delete*, *Change File*, and *Exit* will be explained in more detail later.

Enter the information for all fields which are shown on the screen where the written report provides the data requested or the field requires an indication that a block is checked or not checked. After entering the data for all fields, the cursor will return to the first field on the screen and permit changes in any field before continuing.

Many fields will accept only a valid code or only alphabetic or numeric characters depending on the information required. When improper character types are typed, the field turns red and requires either a proper entry or skipping (tabbing over) the field.

Guidance for moving from field to field (and general control) is shown at the top of the screen with the following as illustrated for the first screen on Page 7:

<F1> = Help <F2> = Verify <TAB/↑/↓> = Move <ESC> = Abort.

More detail on these options will be provided later. Moving from field to field is automatic when all spaces in a field are filled; that is, the cursor will automatically advance to the next field after the current field has been completely filled. If the entry in a field does not completely fill the field, advance to the next field by using the Tab key. In addition to advancing with the Tab key, Shift-Tab will take the cursor to the previous field. In other words, it will move the cursor backwards through the fields. The ↑ and ↓ cursor control keys will move the cursor to the first field on the line above or below as the direction of the arrow indicates.

When all fields have been entered with the information from the report form, the screen contents must be verified. This requires pressing <F2>.

The verification process checks certain entries against others for consistency. If an error is detected, the cursor is positioned on the suspected error, the field then turns red to indicate an error condition, and a brief message is displayed describing the error. When no edit errors are detected (either because the initial entry was satisfactory or all corrections have been made), advance to the next screen.

Advance to the next screen by pressing <Page Down> (PgDn), and enter information on Traffic Unit 1. After leaving Screen 1, the *Edit mode* is not automatically invoked, but the *Edit* field will be highlighted and (without moving the highlight to another choice), pressing <Enter> will move the cursor to the first data entry field and allow entry of all information required for the first screen. Other choices on the menu line will be discussed after the data entry process is covered.

Advancing to the next screen (after <F2> verification) will present the information for Traffic Unit 2 (whether there is a second traffic unit or not). This is consistent with the format of the printed accident report form.

It is not necessary to enter any information for Unit 2 if there is no Unit 2. The Unit 2 screen will remain and will be blank. <F2> verification is not required to pass over the unused screen; simply press <Page Down>. If additional traffic units need to be recorded, select **Open Form** and screens for traffic units 3 and 4 will follow.

Advance to the last screen in the same manner: <F2> verification and <Page Down>.

The Passenger Injury & EMS Data screen will accommodate information on up to 12 injured passengers and 4 EMS units. If additional Passenger Injury & EMS Data screens are needed, add them by selecting **Open Form**.

Save is the choice for storing (saving) the record when all fields have been entered and each screen verified (with all errors corrected). Choosing **Save** returns the message: **Will Add This Accident As Shown, OK ? <Y/N>**, and choosing **Y** saves the record. At that time, another message appears: **More Accidents to Enter ? <Y/N>**. Choosing **Y** opens another Screen 1, and choosing **N** returns to the main menu (with **Add** highlighted, offering a second chance to enter another record).

THE DATA ENTRY *HELP* SYSTEM

The main purpose of the Data Entry system is to create an automated record of exactly the information provided by a police office on the accident report form. In some cases, it is helpful to know what the valid codes are for a data element. Difficulty in reading or interpreting the written information would be one example of such a case. To meet that need, the Data Entry system can display the valid codes for a data element as shown below for the (Road) Char(acter) data element from the inner area of the Location/Env./Temporal Data screen:

Location/Env./Temporal Data

00 Not Applicable	Time	Research	Local Codes
01 Straight & Level			
02 Straight & Grade			
03 Straight & Hillcrest	y	Area	Munic County
04 Curve & Level			
05 Curve & Grade		In	On Ramp In
06 Curve & Hillcrest		Lane	Signal Ramp? # Intersect
07 On Bridge			
88 Other	ng Rd Name	Milepoint Dir	Distance F/M Dir
99 Unknown			

Char	Cond	Div	Surf	CM Zn	Junct	Evnt1	Evnt2	Fx Obj	Coll	Light	Weath

The *HELP* windows can be activated to appear for almost all of the coded data element, or they can be turned off so that they do not appear until turned on again.

MENU OPTIONS AND THEIR MEANINGS

Menu choices in the Data Entry system vary according to the screen which is active and according to functions that have been selected at any point in processing.

The Title Screen offers the following menu choices:

Add Modify Delete Change File Exit

with an interpretive message on line 2 describing what the option means. The listing below shows the interpretive message and describes the results of the choices with each option.

USAGE NOTE:

PRESSING <ENTER> FOR THE HIGHLIGHTED OPTION CHOOSES IT. TO MAKE (HIGHLIGHT) ANOTHER SELECTION, DO EITHER OF THE FOLLOWING:

- 1) MOVE THE HIGHLIGHT TO THE LEFT OR RIGHT USING THE ← OR → ARROW (CURSOR MOVEMENT) KEYS OR
- 2) TYPE THE BOLDDED LETTER FROM THE MENU ITEM DESCRIPTION AND PRESS <ENTER> (E.G., M FOR MODIFY).

THESE INSTRUCTIONS APPLY TO ALL OF THE MENUS AND OPTIONS WITHIN THEM.

Add (Add a New Case); <Enter> moves directly to Screen 1, Field 1 in Edit (data entry) mode.

Modify (Modify An Existing Case); <Enter> returns the message:

Enter Accident No: [REDACTED]

and requires entry of a valid accident report number which is already on file. Doing so retrieves the desired record and permits limited changes to the data.

Delete (Delete An Existing Case); <Enter> returns the same message as **Modify** and enables an existing case record to be deleted. (This is usually an extreme action.)

Change File (Specify Another File to Work With); <Enter> returns the message:

Enter Filename: [REDACTED]

and requires entry of another (probably older) file to become active to permit retrieval of records from it.

Exit (Exit to DOS Prompt); <Enter> returns the message:

Will Exit To DOS - Are You Sure? <Y/N>.

Answering N simply cancels the option, but answering Y will exit from MAARS.

The First Data Entry Screen, activated in *Edit mode*, AND ALL OTHER SCREENS IN *EDIT MODE* offer the following menu choices:

<F1> = Help <F2> = Verify <TAB/↑/↓> = Move <ESC> = Abort
and do not have interpretive messages because these keys perform functions when selected but are not choices to make before proceeding.

<F1> = Help: F1 turns the HELP system on when it is off and off when it is on. The HELP system is on when entering a new data screen.

<F2> = Verify: F2 verifies that the data entries are valid on the current screen, and verification is required before moving to another data entry screen.

<TAB/↑/↓> = Move: The Tab and the ↑ and ↓ cursor movement keys advance from the current data entry field to another. Tab moves to the next field, and Shift-Tab moves to the previous field. The ↑ cursor key moves to the first field on the previous line, and the ↓ cursor key moves to the first field on the next line.

Note: moving backwards from position 1 or line 1 selects the choice at the bottom of the screen; moving forward from the last position or bottom line selects the choice at the top of the screen.

<ESC> = Abort: The Esc key returns the message:

Will Abort, Changes Made On This Screen Won't Be Saved, OK ? <Y/N>.

Selecting N cancels the abort; selecting Y returns the system to the point from which the abort was made.

The Second Data Entry Screen, not activated in *Edit mode*, AND ALL OTHER SCREENS NOT STARTED IN *EDIT MODE* offer the following menu choices:

Open Form Edit Delete Form Save Quit
with Edit highlighted since that choice is the one most often selected. Note also, that a return to Screen 1 following an Abort will return to Screen 1 not in *Edit mode*.

Open Form adds a new set of 2 Traffic Unit (Driver/Pedestrian/Vehicle Data) screens for units 3 and 4 and 1 Passenger Injury & EMS Data screen for persons 13 through 24. The traffic units will be numbered 3 and 4 and access to this set of screens will have the status message, "Form: 2: 2 of 4" (or "3 of 4" or "4 of 4"), displayed at the right side of the bottom line of the screen. If chosen in error, the extra forms can be deleted. After the set which will be considered "Form 2" has been added, choosing **Open Form** again will add another set, "Form 3" which will accommodate traffic units 5 and 6 and persons 25 through 36.

Edit activates the *Edit mode*. When activated it will enable new data to be entered or limited changes on screens with data already entered, and <F2> verification will be required before that screen can be saved or exited.

Delete Form removes Driver/Pedestrian/Vehicle and Passenger Injury & EMS screens *sets* that are not wanted after "Form 2" or others have been opened. It cannot delete screens from the initial set.

A basic minimum data set consists of the following screens:

- 1) Location/Env./Temporal Data
- 2) Driver/Pedestrian/Vehicle Data - Unit 1
- 3) Driver/Pedestrian/Vehicle Data - Unit 2, and
- 4) Passenger Injury & EMS Data.

Do not select **Delete Form** for deleting a *report*, only for deleting "Forms" which were opened in error.

Save returns the message:

Will Add This Accident As Shown, OK ? <Y/N>.

Answering N cancels the Save; answering Y stores (saves) the accident case on file.

Quit will return control to the MAARS title screen (illustrated on Page 9) if no entries have been made or corrections applied. This function would be appropriate to use after browsing the contents of a report without making any changes.

If data has been entered or changed, **Quit** returns the message:

There Are Unsaved Changes - Do You Still Want To Quit ? <Y/N>.

Answering N cancels the Quit; answering Y aborts the accident case processing and returns to the Title Screen.

THE REMAINDER OF THIS MANUAL CONCENTRATES ON INDIVIDUAL DATA ELEMENTS AND INSTRUCTIONS ON COMPLETING THE REPORT FORM AND CORRESPONDING INSTRUCTIONS FOR ELEMENTS IN THE DATA ENTRY SYSTEM.

DESCRIPTION, LOCATION AND ADMINISTRATIVE DATA

Report Number	1
---------------	---

1 REPORT NUMBER

This block does not usually require an entry, a pre-printed number appears in this area. *When using additional report forms (and/or continuation sheets) for a single case, however, it is important to enter the pre-printed number from the first form on each added form. In such cases, draw a single line through the pre-printed numbers on the added forms to show that the pre-printed number from the first form applies to all pages of the report.*

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

Note: only 1 report number applies to the accident. If additional report forms have been used and the preprinted number has not been crossed out, first make sure that the added forms are a continuation of the same accident. If not, separate the reports. If so, mark through the preprinted Report Number(s) on all report form pages beyond the first sheet.

2 PAGE _ OF _

Enter "1" for the first report form you use. Count additional forms *and continuation sheets* next. When you know how many forms and continuation sheets are used, go back to Page 1 and enter the total number of forms on each sheet after the word "of". A single form MAARS Accident Report will be labeled Page 1 of 1. Multiple form reports will be labeled Page 1 of 2, Page 2 of 2, and so forth.

↑ Reporting Data Entry ↓

The Data Entry system does not contain a field showing the number of pages used, but when more than 2 vehicles and/or more than 12 passengers are involved, you will enter the information for vehicles 1 and 2 and for the first 12 passengers on the basic screen set. Additional vehicles and/or passengers beyond the numbers accommodated in the basic screen set are added by selecting "Open Form" in the data entry system. Each "Open Form" transaction will automatically create a set of 2 additional traffic units and 1 additional passenger data screen. Enter only the information required; it is not necessary to tab through the fields on screens that will not be used or to fill the screen with "00" (Not Applicable) codes.

Accident Date			
			3

3 ACCIDENT DATE

Enter the accident date using the normal convention: Month-Day-Year order.

Example: January 1, 1993 is 01-01-93.

If the day is unknown, attribute the accident to the first of the month. The Date field is not coded, and no form of "unknown" is acceptable.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

The Day of Week will be computed when you verify the information entered on the screen, and the result will be inserted into the stored data.

Accident Time			
			4

4 ACCIDENT TIME

Specify the time of the accident in military style — 0001 (one minute after midnight) through 2359 (one minute before midnight) or 2400 (exactly midnight). Accident time is difficult to determine and is often estimated incorrectly. If EMS responders have been called, they are likely the first called, and their dispatch time — if available — is useful as an indicator of when the accident occurred. The accident time is always before the EMS unit was dispatched. If EMS times are available, be sure your record of the accident time is before the EMS unit was called or dispatched.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

Report Type			
<input type="checkbox"/> Fatal	<input type="checkbox"/> Injury	<input type="checkbox"/> PDO	5
<input type="checkbox"/> Hit & Run	<input type="checkbox"/> Non-Traffic		

5 REPORT TYPE

Check one box on the top line to indicate the nature of the accident: a fatality occurred, a non-fatal injury occurred, or no injury occurred—the accident involved Property Damage Only (PDO).

Check a box on the second line only if the accident had a hit & run involvement or it originated or occurred at a location other than a trafficway or is otherwise not a *motor vehicle traffic accident*.

FATALITY Check the Fatality box if any person involved in the accident is officially declared dead as a result of the accident at any time prior to filing the accident report. Do not also check the Injury or PDO boxes.

INJURY Check the Injury box if any person involved in the accident was injured but no person was declared dead as a result of the accident. Do not also check the Fatality or PDO boxes.

PDO Check the PDO box if the accident resulted in no injuries (but did result in damage to any vehicle(s) or other property. Do not also check the Fatality or Injury boxes.

HIT & RUN Always check the Hit & Run checkboxes at the top of the form and in the a traffic unit section for the vehicle which hit & ran, not for any vehicle struck by another and remains at the scene. Describe the hit & run vehicle completely when the information is obtainable. Otherwise, fill in the information available. Draw a line through spaces that cannot be answered. If no information is known about the hit & run vehicle, enter only a unit number. Descriptive information may be entered later if obtained. See the illustration at the end of the manual for completing a Traffic Unit section on a Hit & Run vehicle.

NON-TRAF Check the Non-Traf(fic) box if the accident is not to be classified as a traffic accident report.

↑ Reporting Data Entry ↓

The Data Entry system does not contain this field; it serves as a flag for special notifications that may be required, possible special review on Hit & Run reports, and a filter to distinguish non-traffic reports so that they will not be included in the statistics for motor vehicle traffic accidents. The field is a convenience in sorting the paper documents.

6 RESEARCH

This area is to be utilized for the identification of commercial vehicle accidents. To indicate that the accident you are reporting involves one or more commercial motor vehicles (**"A vehicle that has a gross weight or gross combination weight rating, per Manufacturer's specification, of 10,001 pounds or more"**), place the letters "CVA" in the research block in capital letters. The placement of the "CVA" indicator will also require you to fill in additional information in block #33 (Accident Description) regarding the number of axles for each commercial vehicle only and the GVW (Gross Vehicle Weight) of each commercial vehicle only.

↑ Reporting ↓ Data Entry ↓

Transcribe exactly any information from the report form into the data entry field illustrated.

Local Case Number	7
-------------------	---

7 LOCAL CASE NUMBER

Local Office Procedure: enter your own case number here if you use one.

↑ Reporting Data Entry ↓

This field is not included for the Data Entry system.

Local Codes

8 LOCAL CODES

This area is reserved for use by each individual police department desiring special or unique information. Follow the instructions, if any, from your own department regarding data to be entered in this section. A maximum of 8 characters is allowed in this field.

The purpose of this field is to provide local agencies with the option of capturing special data of interest to the local agency only and to provide the capability of returning such information in automated form if a local agency requests a copy of their records in an automated format.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form (up to 8 characters) into the data entry field illustrated. The entries, if any, have no specific format which is either required or rejected by an edit.

Photos?	
<input type="checkbox"/> No	9
<input type="checkbox"/> Yes	

9 PHOTOS

Check "Yes" or "No" to indicate whether photographs (*including video tapes*) of the accident were taken and are on file.

↑ Reporting Data Entry ↓

This element is not included in the Data Entry system.

10 INVESTIGATING OFFICER & ID

Enter the name of the officer in charge of the accident investigation and the report and the badge or other identifying number last.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

11 AGENCY & AREA

Enter the name (or clear abbreviation) of your police department and any subdivision needed. MSP will enter MSP, the Barrack (or Installation) number, and optionally, any subdivision or section number.

	<u>Agn'y Area</u>	<u>Agn'y Area</u>
Examples:	MSP 50	DA A1
	MSP 509 (last position is optional)	DE 002

↓ Reporting

Data Entry ↓

Transcribe exactly the information from the report form into the separate Agency and Area data entry fields illustrated. The code options are too extensive to place in a HELP window, but invalid code entries will result in an error condition requiring a correct entry before the field will be accepted.

↓ Reporting

Technical Discussion

Data Entry ↓

MSP AREAS

<u>AREA</u>	<u>MSP Installation</u>	<u>AREA</u>	<u>MSP Installation</u>
23	A.S.E.D.	60	N/A
24	T.E.D.	61	Forestville Barrack
26	Baltimore-Washington Int'l Airport	62	JFK Memorial Highway Barrack
27	Maryland Port Administration	63	Rockville Barrack
		64	Hagerstown Barrack
50	Waterloo Barrack	65	Glen Burnie Barrack
51	Frederick Barrack	66	College Park Barrack
52	Cumberland Barrack	67	Golden Ring Barrack
53	Bel Air Barrack		
54	Salisbury Barrack	80	Centreville Barrack
55	North East Barrack	82	Leonardtown Barrack
56	Westminster Barrack	83	Prince Frederick Barrack
57	La Plata Barrack		
58	Easton Barrack	91	Cambridge Detachment
59	Annapolis Barrack	92	Chestertown Detachment
		93	Denton Detachment
		94	McHenry Barrack
		95	Princess Anne Detachment
		96	Berlin Barrack

Agency Codes and Names (alphabetical Order by Agency Name)

Agency Codes and Names (Alphabetical Order by Agency Name)

AA	Aberdeen	GB	Edmonston
ZA	Allegany County Sheriff's Office	BK	Elkton
AB	Annapolis	BL	Emmitsburg
AC	Anne Arundel County		
ZB	Anne Arundel County Sheriff's Office	BM	Fairmont Heights
		FA	Federalsburg
AD	Baltimore City	BP	Forest Heights
ZZ	Baltimore City Sheriff's Office	HJ	Fort Detrick
AE	Baltimore County	FG	Fort George Meade
ZC	Baltimore County Sheriff's Office	BS	Frederick
BF	Baltimore School Police Force	ZJ	Frederick County Sheriff's Office
EV	Barton	BV	Frostburg
AJ	Bel Air	HX	Frostburg State College
AK	Berlin	GS	Fruitland
AL	Berwyn Heights	GL	Funkstown
FV	Betterton		
AM	Bladensburg	EJ	Gaithersburg
EK	Boonsboro	ZK	Garrett County Sheriff's Office
HD	Bowie State College	GC	Glen Arden
FZ	Brentwood	JL	Goldsboro
AP	Brunswick	JV	Grantsville
		BW	Greenbelt
ZD	Calvert County Sheriff's Office	ET	Greensboro
AS	Cambridge		
AT	Capitol Heights	BX	Hagerstown
ZE	Caroline County Sheriff's Office	ED	Hampstead
ZF	Carroll County Sheriff's Office	BZ	Hancock
ZG	Cecil County Sheriff's Office	GT	Harbor Tunnel
FK	Cecilton	ZL	Harford County Sheriff's Office
AV	Centreville	CA	Havre de Grace
ZH	Charles County Sheriff's Office	CB	Howard County
AW	Charlestown	ZM	Howard County Sheriff's Office
EX	Chesapeake Beach	FP	Hurlock
FL	Chesapeake City	CC	Hyattsville
AX	Chesterton		
AZ	Cheverly	JS	Johns Hopkins University
EA	Chevy Chase Village		
BA	College Park	DZ	Kensington
GA	Colman Manor	ZN	Kent County Sheriff's Office
GA	Cottage City	FT	Kitzmiller
JJ	Coppin State College		
BC	Crisfield	CD	La Plata
JE	Crofton	GD	Landover Hills
BD	Cumberland	GV	Lane Memorial Bridge
		CE	Laurel
GP	Delmar	CJ	Leonardtown
EP	Denton	CK	Lonaconing
BE	District Heights	CL	Luke
ZI	Dorchester County Sheriff's Office		
		FD	Manchester
FM	East New Market	JW	Marydel
BJ	Easton	BT	Maryland Aviation Administration

Maryland Automated Accident Reporting System

Instruction & Reference Manual

Revised 7/23/2007

HA Maryland Nat. Cap. Park Police (Mont.)
 HB Maryland Nat. Cap. Park Police (PG)
 HE Maryland Park Service
 GZ Maryland Port Administration
 EW Midland
 FW Millington
 FW Millington
 CM Montgomery County
 ZO Montgomery County Sheriff's Office
 JA Montrose School
 HS Morgan State University
 GE Morningside
 FE Mount Airy
 CP Mount Rainier
 JP Mountain Lake Park

 FJ New Windsor
 GX Nice Memorial Bridge
 EZ North Beach
 GJ North Brentwood
 EC North East

 CS Oakland
 CT Ocean City
 HM Ocean Pines
 CV Oxford

 CW Perryville
 CX Pocomoke City
 CZ Port Deposit
 FB Preston
 DA Prince Georges County
 ZP Prince Georges County Sheriff's Office
 EE Princess Anne

 ZQ Queen Anne County Sheriff's Office

 FC Ridgely
 DB Rising Sun
 DC Riverdale
 FX Rock Hall
 DD Rockville
 HK Rosewood State College

 ZR Saint Mary's County Sheriff's Office
 JT Saint Mary's State College
 DX Saint Michaels
 DE Salisbury
 HZ Salisbury State College
 HT Scott Key Bridge
 DJ Seat Pleasant

FS Secretary
 JX Sheppard Pratt Hospital
 GM Smithsburg
 EL Snow Hill
 ZS Somerset County Sheriff's Office
 DK Sparrows Point
 HC Spring Grove State Hospital
 HW Springfield State Hospital
 BT State Aviation Administration
 GW Susquehanna River Bridge
 DL Sykesville
 DM Takoma Park
 ZT Talbot County Sheriff's Office
 ES Taneytown
 DP Thurmont
 JD Towson State University
 HP Trappe

 EB Union Bridge
 EM United States Park Police
 JK University of Baltimore
 DS University of Maryland
 JB University of Maryland - Eastern Shore
 JC University of Maryland - Baltimore City
 HL University of Maryland - Baltimore County
 HV University Park
 GK Upper Marlboro

 ZU Washington County Sheriff's Office
 DT Westernport
 DV Westminster
 ZV Wicomico County Sheriff's Office
 DW Williamsport
 ZW Worcester County Sheriff's Office

Supervising Officer ID	12
------------------------	----

12 SUPERVISING OFFICER & ID

Follow instructions for Block #10 to identify the supervising officer.

↑ Reporting Data Entry ↓

This element is not included in the Data Entry system.

Reviewer ID #	13
---------------	----

13 REVIEWER

Enter the name, initials, or badge number of the officer reviewing and approving the report.

↑ Reporting Data Entry ↓

This element is not included in the Data Entry system.

Code - and - Name of Municipality	14
-----------------------------------	----

14 CODE and NAME OF MUNICIPALITY

Enter municipality code and the name of the city or town in which the accident occurred.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the MUNIC data entry field.

The valid codes are shown in the listing which appears next. A HELP screen does not occur for this element because of the number of municipalities.

↓ Reporting Data Entry ↓

Municipality Codes and Names (Alphabetical Order)

001	Aberdeen	027	Chesterton
002	Accident	028	Cheverly
003	Annapolis	029	Chevy Chase # 3
		030	Chevy Chase # 4
004	Barclay	031	Chevy Chase # 5
005	Barnesville	032	Chevy Chase View
006	Barton	033	Chevy Chase Village
007	Bel Air	034	Church Creek
008	Berlin	035	Church Hill
009	Berwyn Heights	036	Clearspring
010	Betterton	037	College Park
011	Bladensburg	038	Colman Manor
012	Boonsboro	039	Cottage City
013	Bowie	040	Crisfield
014	Brentwood	159	Crofton
015	Brookeville	041	Cumberland
016	Brookview		
017	Brunswick	042	Deer Park
018	Burkittsville	043	Delmar
		044	Denton
019	Cambridge	045	District Heights
020	Capitol Heights	046	Drummond
022	Cecilton		
023	Centreville		
024	Charlestown	047	Eagle Harbor
025	Chesapeake Beach	048	East New Market
026	Chesapeake City	049	Easton

050	Edmonston	092	Loch Lynn Heights
051	Eldorado	093	Lonaconing
052	Elkton	094	Luke
053	Emmitsburg		
		095	Manchester
054	Fairmont Heights	096	Mardela Springs
055	Federalsburg	097	Martins Addition
056	Forest Heights	098	Marydel
057	Frederick	099	Middletown
058	Friendship Heights	100	Midland
059	Friendsville	101	Millington
060	Frostburg	102	Morningside
061	Fruitland	103	Mount Airy
062	Funkstown	104	Mount Rainier
		105	Mountain Lake Park
		106	Myersville
063	Gaithersburg		
064	Galena	021	New Carrollton
065	Galestown	107	New Market
066	Garrett Park	108	New Windsor
067	Glen Arden	109	North Beach
068	Glen Echo	110	North Brentwood
069	Goldsboro	111	North Chevy Chase
070	Grantsville	112	North East
071	Greenbelt		
072	Greensboro		
		113	Oakland
073	Hagerstown	114	Oakmont
074	Hampstead	115	Ocean City
075	Hancock	116	Oxford
076	Havre de Grace		
077	Hebron	117	Perryville
078	Henderson	118	Pittsville
079	Highland Beach	119	Pocomoke City
080	Hillsboro	120	Poolesville
081	Hurlock	121	Port Deposit
082	Hyattsville	122	Preston
		123	Princess Anne
083	Indian Head		
		124	Queen Anne
084	Keedysville	125	Queenstown
085	Kensington		
086	Kitzmilller		
		126	Ridgely
088	La Plata	127	Rising Sun
087	Landover Hills	128	Riverdale
089	Laurel	129	Rock Hall
090	Laytonsville	130	Rockville
091	Leonardtwn	131	Rosemont

132	Saint Michaels
133	Salisbury
134	Seat Pleasant
135	Secretary
136	Sharpsburg
137	Sharptown
138	Smithsburg
139	Snow Hill
140	Somerset
141	Sudlersville
142	Sykesville
143	Takoma Park
144	Taneytown
145	Templeville
146	Thurmont
147	Trappe
148	Union Bridge
149	University Park
150	Upper Marlboro
151	Vienna
152	Walkersville
153	Washington Grove
154	Westernport
155	Westminster
156	Willards
157	Williamsport
158	Woodsboro
999	Unknown



15 COUNTY

Enter the 2 digit county code:

01	Allegany	13	Howard
02	Anne Arundel	14	Kent
03	Baltimore	15	Montgomery
04	Calvert	16	Prince Georges
05	Caroline	17	Queen Anne's
06	Carroll	18	St. Mary's
07	Cecil	19	Somerset
08	Charles	20	Talbot
09	Dorchester	21	Washington
10	Frederick	22	Wicomico
11	Garrett	23	Worcester
12	Harford	24	Baltimore City

↑ Reporting

Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

01	Allegany	13	Howard
02	Anne Arundel	14	Kent
03	Baltimore	15	Montgomery
04	Calvert	16	Prince Georges
05	Caroline	17	Queen Anne's
06	Carroll	18	St. Mary's
07	Cecil	19	Somerset
08	Charles	20	Talbot
09	Dorchester	21	Washington
10	Frederick	22	Wicomico
11	Garrett	23	Worcester
12	Harford	24	Baltimore City
99 Unknown			



16 ROAD CHARACTER

Enter one code for the correct characteristic of the road the accident occurred on.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

01	Straight & Level
02	Straight & Grade
03	Straight & Hill
04	Curve & Level
05	Curve & Grade
06	Curve & Hill
07	On Bridge
88	Other
99	Unknown

RTE NUM Accident Occurred On	17
------------------------------	----

17 RTE NUM

Specify the Route Number of the road the accident occurred on. The correct entry will be contained in the Log Mile Reference Manual (formal name is M.A.A.R.S Locator Manual) under the heading, "RTE NUM" (Route Number). The RTE NUM always consists of 2 leading alphabetical characters which indicate the route type and which are followed by numerals. Five (5) numeric positions are provided for the numeric part, and *leading zeroes are required where the numeric part is less than 5 numbers* (all roads except those in Baltimore City are less than 5). A suffix may be present or absent.

Log Mile Reference Manual Illustration (Composite from Partial Pages):

ROUTE NUMBER consisting of a 2-letter prefix, the assigned number, and possibly a suffix (e.g., the "B" after US 029)

CO	DIR	RTE NUM	MILEPT	ROAD NAME	INT-RTE	INTERSECTING ROAD NAME
15	E	US 029B	0.00	STEWART LA...	... CO1496	MILESTONE DRIVE
15	E	US 029B	0.02	STEWART LA...	... US 029	COLUMBIA PIKE
15	E	US 029B	0.05	STEWART LA...	... MD 196A	OLD COLUMBIA PIKE
15	N	MD 097	1.32	GEORGIA AVE...	... CO 561	LOCUST GROVE RD
15	N	MD 097	1.35	GEORGIA AVE...	...	RAMP 4 TO IS 495
15	N	MD 097	1.38	GEORGIA AVE...	...	RAMP 6 FR IS 495
15	N	MD 097	1.40	GEORGIA AVE...	...	RAMP 3 FR IS 495
15	N	MD 097	1.42	GEORGIA AVE...	...	RAMP 5 TO IS 495
15	N	MD 097	1.44	GEORGIA AVE...	... IS 495	CAPITAL BELTWAY STRUC#..
15	N	MD 097	1.47	GEORGIA AVE...	...	RAMP 1 TO IS 495
15		MU 225	0.00	MISTY DAY LA...	...	ROAD END
15		MU 225	0.03	MISTY DAY LA...	... MU 020	BUTTRY RD
15		MU 225	0.08	MISTY DAY LA...	...	ROAD END
15	N	MD0355	001.37	WISCONSIN AVE...	... MD0082	LELAND ST/WOODMONT AVE
15	N	MD0355	001.42	WISCONSIN AVE...	... CO0466	MILLER AVE
15	N	MD0355	001.45	WISCONSIN AVE...	... CO4419	BETHESDA AVE
15	N	MD0355	001.47	WISCONSIN AVE...	... CO0413	WILLOW LA
15	N	MD0355	001.54	WISCONSIN AVE...	... CO0489	ELM ST
15	N	MD0355	001.56	WISCONSIN AVE...	...	STRUC #15050
15	N	MD0355	001.56	WISCONSIN AVE...	...	R/R #CSX 139 516 4
15	N	MD0355	001.57	WISCONSIN AVE...	... CO0369	ELM ST
15	N	MD0355	001.57	WISCONSIN AVE...	... CO0579	ALLEY
15	N	MD0355	001.60	WISCONSIN AVE...	... CO0363	HAMPTON LA
15	N	MD0355	001.63	WISCONSIN AVE...	...	SPUR FR MONTGOMERY LA
15	N	MD0355	001.64	WISCONSIN AVE...	... MD0410	MONTGOMERY LA (EB/L)
15	N	MD0355	001.64	WISCONSIN AVE...	... CO0367	MONTGOMERY LA

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

↓ Reporting Technical Discussion Data Entry ↓

If the accident occurs at an intersection of different road classes and involves vehicles travelling on roads of different classes, use the highest class road to determine which road should be listed as the "on" road. Use the lowest route number where multiple routes of the same class are marked.

Examples

- 1) At the intersection of US 40 (called "Main St." locally) with MD (Maryland State Route) 17, use US 40.
- 2) Where multiple routes of the same class are marked (US 40, and US 211, use US 40.

<u>ROUTE TYPE</u>	<u>ROUTE NUMBER</u>	<u>COMMON* ROUTE SUFFIXES</u>
IS = Interstate,	NNNNN	AL = Alternate
US = US,	(Use 1 to 5	BU = Business
MD = State (Maryland),	numerals)	SC = Scenic
CO = County		TL = Toll
MU = Municipal		UL = Ultimate
GV = Government Road		
SR = Service Road		* Other suffixes may apply
OP = Other Public Road		and may consist of only one
UU = Unknown (cannot determine)		character (as illustrated
		on the previous page).

When there is no route number, enter UU (Unknown) for Route Type and no route number or route suffix.

This instruction also applies to Block 25.

ROAD NAME	18
-----------	----

18 ROAD NAME (Accident occurred on)

Enter the name the road on which the accident either

occurred - or -
originated.

Use the official ROAD NAME as contained in the Log Mile Reference Manual, the ROAD NAME which applies to the RTE NUM. The illustration for Block 17 on Page 35 shows how the ROAD NAME is presented. The ROAD NAME header in the illustration is shown in bold type.

Some trafficways have no name or no unique name but have a listing in the Log Mile Reference Manual. In such cases, use the Log Mile Reference Manual for all of the blocks associated with the location description to the extent that such information is present. The associated blocks are: INT-RTE, INTERSECTING ROAD NAME, MILEPT, and DIR.

NOTE: Special instructions apply to accidents occurring on ramps. Be sure to follow the instructions presented in connection with Block 21 for accidents occurring on ramps because the associated blocks described above receive unique treatment for ramp accidents.

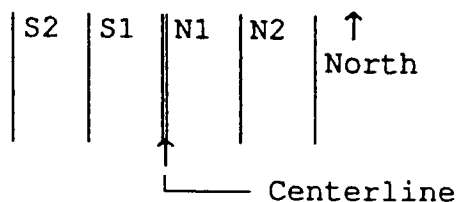
Where there is no entry in the Log Mile Reference Manual, enter "Unknown" or the equivalent "UU".

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

19 LANE

Identify the lane in which the accident occurred. Each road is either Northbound-Southbound with North and South lanes or Eastbound-Westbound with East and West lanes. Using the centerline as the point of orientation, identify lanes outward as (N,E,S,W)1, (N,E,S,W)2, etc. Example:



Special Lanes:

(N,E,S,W) R - Right Turn
(N,E,S,W) L - Left Turn
(N,E,S,W) A - Acceleration
(N,E,S,W) D - Deceleration

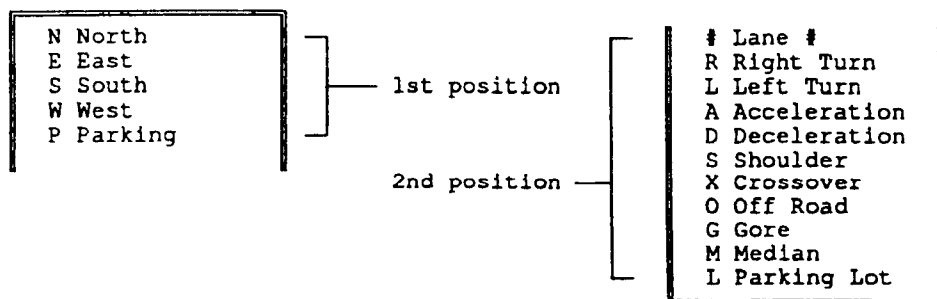
Use N (North) and E (East) with 0 (zero) for accident lanes on roads which have no lanes marked or in cases where collisions occur straddling the centerline. (Use the / mark over the 0 (0 - zero) to distinguish it from a capital O. Choose one of the following codes for accident locations which are outside of any lane boundaries:

(N,E,S,W) S - Shoulder
(N,E,S,W) O - Off Trafficway
(N,E,S,W) M - Median
(N,E,S,W) X - Crossover
(N,E,S,W) G - Gore

Special situations: PL - Parking Lot travel lane
00 - Any location on a ramp

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.



TrafSig
<input type="checkbox"/> No 20
<input type="checkbox"/> Yes

20 TRAFFIC SIGNAL

Check "No" or "Yes" to indicate the presence or absence of a traffic signal which would apply to any traffic unit involved in the accident.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

N No
Y Yes

On Ramp
<input type="checkbox"/> No 21
<input type="checkbox"/> Yes

21 ON RAMP

Check "No" or "Yes" to indicate that the accident location was on a ramp.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

N No
Y Yes

Ramp Number (Direction)		0-Not Ramp	22
1	N-W	2	W-N
3	E-N	4	N-E
5	S-E	6	E-S
7	W-S	8	S-W
9	Other		

22 RAMP NUMBER (Direction)

Enter the appropriate code to indicate either

- 1) 0: a ramp was not involved (and Block 21 is answered "No") —or—
- 2) 1-9: the "from" and "to" directions of travel for the ramp.

NOTE: The coding for this block is self-contained and is different from the standard 2-character numeric code entries that apply throughout the report elsewhere.

If Block 21 is "Yes" (and Block 22 is more than "0") enter the "Not Applicable" character (0) or (U) for blocks 27, 28 & 29, MILEPT, DIR, and Distance of Accident from INT-RTE (or draw a line through those 3 blocks).

The illustration for Block 17 on Page 35 shows that Ramp Numbers and their descriptions are contained in the Log Mile Reference Manual, but it is not necessary to refer to the manual to indicate the ramp number.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated. The data entry box contains the valid codes for ramps.

0	Not Applicable
1	North-West
2	West-North
3	East-North
4	North-East
5	South-East
6	East-South
7	West-South
8	South-West
9	Other

In Intersection	
<input type="radio"/> No	23
<input type="radio"/> Yes	

23 IN INTERSECTION

Check "No" or "Yes" to indicate that the accident occurred within an intersection. Notice that some of the entries with milepoints in the Log Mile Reference Manual are not intersections. Entries which are not intersections include road ends and structures as shown in the illustration on Page 35. An *intersection* is that part of a road which is shared by and is the travel way of at least one other, different road.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

N	No
Y	Yes



24 ROAD CONDITION

Enter one code for the most significant and correct condition of the road the accident occurred on.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

00 Not Applicable
01 No Defects
02 Shoulder Defect
03 Holes, Ruts, Etc.
04 Foreign Material
05 Loose Surface Material
06 Obstruction Not Lighted
07 Obstruct. Not Signaled
08 View Obstructed
88 Other
99 Unknown

INT-RTE	25
---------	----

25 INT-RTE

Enter the INT-RTE (RTE NUM of intersecting road) for every intersection accident and for accidents in which the MILEPT reference refers to an intersecting road. This information follows the same convention as RTE-NUM.

Log Mile Reference Manual Illustration (Composite from Partial Pages):

RTE NUM and INT-RTE are alike and their use is identical.

CO	DIR	RTE NUM	MILEPT	ROAD NAME	INT-RTE	INTERSECTING ROAD NAME
15	E	US 029B	0.00	STEWART LA...	... CO1496	MILESTONE DRIVE
15	E	US 029B	0.02	STEWART LA...	... US 029	COLUMBIA PIKE
15	E	US 029B	0.05	STEWART LA...	... MD 196A	OLD COLUMBIA PIKE
15	N	MD 097	1.32	GEORGIA AVE..	... CO 561	LOCUST GROVE RD
15	N	MD 097	1.35	GEORGIA AVE..	...	RAMP 4 TO IS 495
15	N	MD 097	1.38	GEORGIA AVE..	...	RAMP 6 FR IS 495
15	N	MD 097	1.40	GEORGIA AVE..	...	RAMP 3 FR IS 495
15	N	MD 097	1.42	GEORGIA AVE..	...	RAMP 5 TO IS 495
15	N	MD 097	1.44	GEORGIA AVE..	... IS 495	CAPITAL BELTWAY STRUC#..
15	N	MD 097	1.47	GEORGIA AVE..	...	RAMP 1 TO IS 495
15	N	MD 097	1.50	GEORGIA AVE..	...	RAMP 7 FR IS 495
15		MU 225	0.00	MISTY DAY LA. ...	...	ROAD END
15		MU 225	0.03	MISTY DAY LA. ...	... MU 020	BUTTRY RD
15		MU 225	0.08	MISTY DAY LA. ...	...	ROAD END
15	N	MD0355	001.37	WISCONSIN AVE ...	... MD0082	LELAND ST/WOODMONT AVE
15	N	MD0355	001.42	WISCONSIN AVE ...	... CO0466	MILLER AVE
15	N	MD0355	001.45	WISCONSIN AVE ...	... CO4419	BETHESDA AVE
15	N	MD0355	001.47	WISCONSIN AVE ...	... CO0413	WILLOW LA
15	N	MD0355	001.54	WISCONSIN AVE ...	... CO0489	ELM ST
15	N	MD0355	001.56	WISCONSIN AVE ...	...	STRUC #15050
15	N	MD0355	001.56	WISCONSIN AVE ...	...	R/R #CSX 139 516 4
15	N	MD0355	001.57	WISCONSIN AVE ...	... CO0369	ELM ST
15	N	MD0355	001.57	WISCONSIN AVE ...	... CO0579	ALLEY
15	N	MD0355	001.60	WISCONSIN AVE ...	... CO0363	HAMPTON LA
15	N	MD0355	001.63	WISCONSIN AVE ...	...	SPUR FR MONTGOMERY LA
15	N	MD0355	001.64	WISCONSIN AVE ...	... MD0410	MONTGOMERY LA (EB/L)
15	N	MD0355	001.64	WISCONSIN AVE ...	... CO0367	MONTGOMERY LA

When there is no route number, enter UU (Unknown) for Route Type and no route number or route suffix.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

26 INTERSECTING ROAD NAME or Log Mile Reference Manual description

Enter whatever information appears under INTERSECTING ROAD NAME from the Log Mile Reference Manual. A road name is always required for an intersection accident, but for non-intersection accidents another type of feature (structure, entrance, road end, etc.) may be the point of the accident occurrence or the point of reference.

IMPORTANT QUALIFICATION: USE ONLY THE REFERENCE POINTS LISTED IN THE LOG MILE REFERENCE MANUAL.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

MILEPT	27
--------	----

27 MILEPOINT

Enter the milepoint of the reference cited in Block 26. There are no features (intersecting roads or other features) without milepoints in the Log Mile Reference Manual.

Use "0" in every position for accidents on ramps however.

Log Mile Reference Manual Illustration (Partial Pages):

				Milepoint			
CO	DIR	RTE	NUM	MILEPT	ROAD NAME	INT-RTE	INTERSECTING ROAD NAME
15	E	US	029B	0.00	STEWART LA...	... CO1496	MILESTONE DRIVE
15	E	US	029B	0.02	STEWART LA...	... US 029	COLUMBIA PIKE
15	E	US	029B	0.05	STEWART LA...	... MD 196A	OLD COLUMBIA PIKE
15	N	MD	097	1.32	GEORGIA AVE...	... CO 561	LOCUST GROVE RD
15	N	MD	097	1.35	GEORGIA AVE...	...	RAMP 4 TO IS 495
15	N	MD	097	1.38	GEORGIA AVE...	...	RAMP 6 FR IS 495
15	N	MD	097	1.40	GEORGIA AVE...	...	RAMP 3 FR IS 495
15	N	MD	097	1.42	GEORGIA AVE...	...	RAMP 5 TO IS 495
15	N	MD	097	1.44	GEORGIA AVE...	... IS 495	CAPITAL BELTWAY STRUC#...
15	N	MD	097	1.47	GEORGIA AVE...	...	RAMP 1 TO IS 495
15	N	MD	097	1.50	GEORGIA AVE...	...	RAMP 7 FR IS 495
15		MU	225	0.00	MISTY DAY LA...	...	ROAD END
15		MU	225	0.03	MISTY DAY LA...	... MU 020	BUTTRY RD
15		MU	225	0.08	MISTY DAY LA...	...	ROAD END
15	N	MD	0355	001.37	WISCONSIN AVE...	... MD0082	LELAND ST/WOODMONT AVE
15	N	MD	0355	001.42	WISCONSIN AVE...	... CO0466	MILLER AVE
15	N	MD	0355	001.45	WISCONSIN AVE...	... CO4419	BETHESDA AVE
15	N	MD	0355	001.47	WISCONSIN AVE...	... CO0413	WILLOW LA
15	N	MD	0355	001.54	WISCONSIN AVE...	... CO0489	ELM ST
15	N	MD	0355	001.56	WISCONSIN AVE...	...	STRUC #15050
15	N	MD	0355	001.56	WISCONSIN AVE...	...	R/R #CSX 139 516 4
15	N	MD	0355	001.57	WISCONSIN AVE...	... CO0369	ELM ST
15	N	MD	0355	001.57	WISCONSIN AVE...	... CO0579	ALLEY
15	N	MD	0355	001.60	WISCONSIN AVE...	... CO0363	HAMPTON LA
15	N	MD	0355	001.63	WISCONSIN AVE...	...	SPUR FR MONTGOMERY LA
15	N	MD	0355	001.64	WISCONSIN AVE...	... MD0410	MONTGOMERY LA (EB/L)
15	N	MD	0355	001.64	WISCONSIN AVE...	... CO0367	MONTGOMERY LA


↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

28 DIRECTION

Enter the direction (DIR) as shown in the Log Mile Reference Manual. No entry other than that shown in the Log Mile Reference Manual can be correct.

Log Mile Reference Manual Illustration (Partial Pages):


 Primary Direction (DIR) of the road in which mileage increases.

CO	DIR	RTE	NUM	MILEPT	ROAD NAME	INT-RTE	INTERSECTING ROAD NAME
15	E	US	029B	0.00	STEWART LA...	...	CO1496 MILESTONE DRIVE
15	E	US	029B	0.02	STEWART LA...	...	US 029 COLUMBIA PIKE
15	E	US	029B	0.05	STEWART LA...	...	MD 196A OLD COLUMBIA PIKE
15	N	MD	097	1.32	GEORGIA AVE...	...	CO 561 LOCUST GROVE RD
15	N	MD	097	1.35	GEORGIA AVE...	...	RAMP 4 TO IS 495
15	N	MD	097	1.38	GEORGIA AVE...	...	RAMP 6 FR IS 495
15	N	MD	097	1.40	GEORGIA AVE...	...	RAMP 3 FR IS 495
15	N	MD	097	1.42	GEORGIA AVE...	...	RAMP 5 TO IS 495
15	N	MD	097	1.44	GEORGIA AVE...	...	IS 495 CAPITAL BELTWAY STRUC#...
15	N	MD	097	1.47	GEORGIA AVE...	...	RAMP 1 TO IS 495
15		MU	225	0.00	MISTY DAY LA...	...	ROAD END
15		MU	225	0.03	MISTY DAY LA...	...	MU 020 BUTTRY RD
15		MU	225	0.08	MISTY DAY LA...	...	ROAD END
15	N	MD	0355	001.37	WISCONSIN AVE...	...	MD0082 LELAND ST/WOODMONT AVE
15	N	MD	0355	001.42	WISCONSIN AVE...	...	CO0466 MILLER AVE
15	N	MD	0355	001.45	WISCONSIN AVE...	...	CO4419 BETHESDA AVE
15	N	MD	0355	001.47	WISCONSIN AVE...	...	CO0413 WILLOW LA
15	N	MD	0355	001.54	WISCONSIN AVE...	...	CO0489 ELM ST
15	N	MD	0355	001.56	WISCONSIN AVE...	...	STRUC #15050
15	N	MD	0355	001.56	WISCONSIN AVE...	...	R/R #CSX 139 516 4
15	N	MD	0355	001.57	WISCONSIN AVE...	...	CO0369 ELM ST
15	N	MD	0355	001.57	WISCONSIN AVE...	...	CO0579 ALLEY
15	N	MD	0355	001.60	WISCONSIN AVE...	...	CO0363 HAMPTON LA
15	N	MD	0355	001.63	WISCONSIN AVE...	...	SPUR FR MONTGOMERY LA
15	N	MD	0355	001.64	WISCONSIN AVE...	...	MD0410 MONTGOMERY LA (EB/L)
15	N	MD	0355	001.64	WISCONSIN AVE...	...	CO0367 MONTGOMERY LA

There will be very few entries in the Log Mile Reference Manual without a DIRECTION. When there is no entry in the Log Mile Reference Manual, however, enter "0".

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

Dist. of Acc fr INT-RTE/Ref. & Dir.		<input type="checkbox"/> Ft.	29
		<input type="checkbox"/> Mi.	

29 ACC LOCATION

Identify 1) *how far* and 2) *in what direction* from the reference point (intersecting road or other feature) the accident occurred. "How far" may be answered in feet or miles—whole or fractions—and checkboxes identify which type of measurement is used. Always show the value of the measurement with a decimal point.

For accidents occurring within intersections or directly at the location of the feature reference, the *distance* from the intersection or feature will always be 000.00, and enter "U" in the Direction subfield at the end. For accidents that did not occur within an intersection or exactly *at* the (non-road) reference point, 3 items of information are required:

- 1) **DISTANCE (*from Reference Point*)** Measure and record to the nearest 100th of your measurement unit the distance from the reference point, and in connection with that entry, check one of the next two boxes to show —
- 2) **FEET or MILES as the UNITS OF MEASUREMENT** that apply to the DISTANCE entry. Then enter N, E, S, or W to show the —
- 3) **DIRECTION** of the measurement (from the reference point to the accident site).

Example (intersecting road is Reference Point):

|<--30'-->|	(North ↑)	Explanation:
.		The accident site is "X."
.		It is not AT the RefPt.
.		It is --
.		
.	|Inter- |	1) <u>30.00</u> , (Note the decimal pt.)
.	|section|	2) <u>Feet</u> ,
X	|Area |	3) <u>W</u> (West)
		of the intersection which is
		the Reference Point).

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

DIRECTIONS

Route directions from the Log Mile Reference Manual MUST be used. The accident location may be in the same or the opposite inventory direction from the point reference in the Manual, but NO EXCEPTIONS will be permitted.

Since roads follow topography rather than the compass, portions of the actual road may be perpendicular to the route orientation (or can even double back). That does not affect the basic route direction, however.

EXAMPLES

INTERSECTION ACCIDENT:

RTE NUM Accident Occurred On MD 00117 - 17	ROAD NAME CLOPPER ROAD	In Lane E 1	Traffic Sig <input checked="" type="checkbox"/> No 20 <input type="checkbox"/> Yes	On Ramp <input checked="" type="checkbox"/> No 21 <input type="checkbox"/> Yes	Ramp Number (Direction) 0 1 N-W 2 M-N 3 E-N 4 N-E 5 S-E 6 E-S 7 M-S 8 S-W 9 Other	0-Not Ramp <input checked="" type="checkbox"/> No 22 <input type="checkbox"/> Yes	In Intersection <input checked="" type="checkbox"/> No 23 <input type="checkbox"/> Yes	
INT-RTE MD 00118 - 25	INTERSECTING ROAD NAME or Log Mile Reference Manual descript. GERMANTOWN ROAD	MILEPT 007.60	DIR Dist. of Acc fr INT-RTE/Ref. Dir. E 000.00	<input type="checkbox"/> Pt <input type="checkbox"/> Mi U				

NON-INTERSECTION ACCIDENT:

RTE NUM Accident Occurred On MD 00117 - 17	ROAD NAME CLOPPER ROAD	In Lane E 1	Traffic Sig <input checked="" type="checkbox"/> No 20 <input type="checkbox"/> Yes	On Ramp <input checked="" type="checkbox"/> No 21 <input type="checkbox"/> Yes	Ramp Number (Direction) 0 1 N-W 2 M-N 3 E-N 4 N-E 5 S-E 6 E-S 7 M-S 8 S-W 9 Other	0-Not Ramp <input checked="" type="checkbox"/> No 22 <input type="checkbox"/> Yes	In Intersection <input checked="" type="checkbox"/> No 23 <input type="checkbox"/> Yes	
INT-RTE MD 00118 - 25	INTERSECTING ROAD NAME or Log Mile Reference Manual descript. GERMANTOWN ROAD	MILEPT 007.60	DIR Dist. of Acc fr INT-RTE/Ref. Dir. E 110.00	<input type="checkbox"/> Pt <input type="checkbox"/> Mi W				

ACCIDENT REFERENCED TO FEATURE:

RTE NUM Accident Occurred On MD 00118 - 17	ROAD NAME GERMANTOWN ROAD	In Lane N 1	Traffic Sig <input checked="" type="checkbox"/> No 20 <input type="checkbox"/> Yes	On Ramp <input checked="" type="checkbox"/> No 21 <input type="checkbox"/> Yes	Ramp Number (Direction) 0 1 N-W 2 M-N 3 E-N 4 N-E 5 S-E 6 E-S 7 M-S 8 S-W 9 Other	0-Not Ramp <input checked="" type="checkbox"/> No 22 <input type="checkbox"/> Yes	In Intersection <input checked="" type="checkbox"/> No 23 <input type="checkbox"/> Yes	
INT-RTE UU - 25	INTERSECTING ROAD NAME or Log Mile Reference Manual descript. STRUCT # 15041 BRIDGE OVER I 270	MILEPT 006.26	DIR Dist. of Acc fr INT-RTE/Ref. Dir. N 050.00	<input type="checkbox"/> Pt <input type="checkbox"/> Mi S				

RAMP ACCIDENT:

RTE NUM Accident Occurred On UU - 17	ROAD NAME RAMP #6 TO I 270	In Lane 00	Traffic Sig <input checked="" type="checkbox"/> No 20 <input type="checkbox"/> Yes	On Ramp <input checked="" type="checkbox"/> No 21 <input type="checkbox"/> Yes	Ramp Number (Direction) 8 1 N-W 2 M-N 3 E-N 4 N-E 5 S-E 6 E-S 7 M-S 8 S-W 9 Other	0-Not Ramp <input checked="" type="checkbox"/> No 22 <input type="checkbox"/> Yes	In Intersection <input checked="" type="checkbox"/> No 23 <input type="checkbox"/> Yes	
INT-RTE MD 00118 - 25	INTERSECTING ROAD NAME or Log Mile Reference Manual descript. GERMANTOWN ROAD	MILEPT 000.00	DIR Dist. of Acc fr INT-RTE/Ref. Dir. 020.00	<input type="checkbox"/> Pt <input type="checkbox"/> Mi S				



30 ROAD DIVISION

Enter the code which describes the highway division and type of median if any.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

00 Not Applicable
01 Not Divided
02 One Way Road or Street
03 Divided - No Barrier
04 Divided - with Barrier
88 Other
99 Unknown

ACCIDENT DIAGRAM	Show & Label: Roads, Traffic Units, the Travel Direction consistent with the Log Mile Reference 31 Manual, and Movement of Traffic Units.	NORTH: 32

31 ACCIDENT DIAGRAM

Draw a brief diagram by sketching the road (guided by the dot pattern preprinted on the form), identifying the road(s) for the accident site and reference point, and showing the movement(s) of vehicle(s). *A diagram is always required no matter what severity applies to the accident.*

Arrows showing vehicle movements *leading to* collisions give the information wanted. DO NOT show only the final resting place of vehicles or attempt to reconstruct the accident in a detailed diagram on the MAARS Accident Report Form.

Examples: "—▶◀—" would show a head-on collision; "—▶○" would show a vehicle striking a pole (or other fixed object).

A vehicle turning into the path of another could be shown as "—▶◀↵".

↑ Reporting Data Entry ↓

This element is not recorded in the Data Entry System.

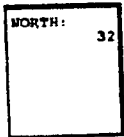
↓ Reporting Technical Discussion Data Entry ↓

DIAGRAMS

The collision diagram is intended to show the location of the Harmful Event 1, the precrash movements or positions of traffic units by arrows leading to that point, identification of the ON road and At road (if any), and the compass direction of north.

Draw in the road sketch, and enter the information required. Make the sketch from the vantage point or perspective which is clearest to you and easiest to draw rather than designating north with an arrow straight up and then trying to adjust the sketch accordingly. Draw solid lines following the outline that matches the characteristics of the road area you need to describe.

Some departments produce extensive and detailed drawings (often to scale) for accident reconstruction and court evidence. Such use is supplemental to the requirements of the basic system and for FARS. Do not substitute supplemental diagrams for the regular requirements for reporting fatal accidents although they may be made, by local option, *in addition to* the diagram on the report form.



32 NORTH

Draw an arrow through the circled "N" in the box at the upper right corner of the diagram area to show compass north.

↑ Reporting Data Entry ↓

This element is not recorded in the Data Entry System.

Describe Accident briefly. Identify units by numbers. Also identify the following:		33
a)	the OBJECT DAMAGED & NATURE OF DAMAGE (Property other than vehicles) and	
b)	the NAME & ADDRESS OF OWNER when applicable.	
~~~~~		
~~~~~		

33 DESCRIBE ACCIDENT

Describe briefly what is in the diagram. Explain what happened, not what *led up to* the accident. A DESCRIPTION IS ALWAYS REQUIRED. When applicable, the following information needs to be included:

OBJECT DAMAGED & NATURE OF DAMAGE - Describe significant non-vehicular *object(s)* damaged as a result of the accident. Examples to include: non-motor vehicles, pedalcycles, structures or buildings, vegetation, animals, etc. Exclude objects carried inside involved vehicles and non-tangibles such as "psychological" damage.

Then, specify the nature of damage: e.g., broken, bent, crushed, burned.

PROPERTY OWNER NAME & ADDRESS - Enter the name and address of the owner of the damaged object(s).

COMMERCIAL VEHICLES: Following the narrative description of the accident, record under the caption "Total Axles" list the number of axles on the vehicle. This includes axles from the power unit plus any trailer axles, if present. Also, record the total manufacturer's gross vehicle weight rating. This is the total of all units of the vehicle, including any trailers or semi-trailers. This information needs to be retrieved from the manufacturer's specification plate mounted on the vehicle.

- Generally, the manufacturers weight rating for the vehicle can be found on the driver's door or door jam.
- A combination weight should also be listed on the towing vehicle, or power unit for vehicles with towed units.
- In the absence of a combination value specified by the manufacturer, the gross combination weight rating will be determined by adding the gross vehicle weight ratings of the power unit and unit being towed.
- Registration documents to calculate should not be used to calculate the gross vehicle weight rating, since registration weight limits are different than manufacturer's weight rating. (Note: This is the last resort when no other information is obtainable.)

NOTE ON EXTENDED DIAGRAMS AND DESCRIPTIONS: When additional diagrams, particularly those done precisely to scale, and more extended narrative are required for special needs (detailed investigations of fatal accidents and accident reconstructions), send copies of these supplementary documents to the Maryland State police at the following address:

Central Records Division
Maryland State Police
1711 Belmont Avenue
Baltimore MD 21244

~~~~~ ↑ Reporting ~~~~~ Data Entry ↓ ~~~~~

This element is not recorded in the Data Entry System except the "total axles" and manufacturer & gross vehicle weight rating for CVA reports.

### 34 SURFACE CONDITION

Enter one code for the most significant and correct condition of the road surface the accident occurred on.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|    |         |
|----|---------|
| 00 | N/A     |
| 01 | Wet     |
| 02 | Dry     |
| 03 | Snow    |
| 04 | Ice     |
| 05 | Mud     |
| 88 | Other   |
| 99 | Unknown |

|                          |       |
|--------------------------|-------|
| C/M Zone                 |       |
| <input type="checkbox"/> | No 35 |
| <input type="checkbox"/> | Yes   |

### 35 CONSTRUCTION or MAINTENANCE ZONE

Check the "No" or "Yes" box to indicate the absence or presence of a construction or maintenance zone at the site of the accident.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|   |     |
|---|-----|
| N | No  |
| Y | Yes |



### 36 JUNCTION

This element identifies where the Harmful Event 1 occurred with respect to the roadway. "Intersection Related" is not actually a location type but a judgment about the effects of intersections and their traffic controls upon traffic and accident causation. If the accident is deemed to have occurred as a result of backed up traffic from an intersection (presumably at a non-intersection location), the junction relationship is "03 Intersection Related."

Any accident which does not occur within an intersection and in which Block 40 (Veh-to-Veh Collision Type) is coded 11 (Straight Movement Angle or 90° Collision) must be coded, by policy, as 04-Driveway Access.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|                         |
|-------------------------|
| 00 Not Applicable       |
| 01 Non-intersection     |
| 02 Intersection         |
| 03 Intersection Related |
| 04 Driveway Access      |
| 88 Other                |
| 99 Unknown              |

### 37 (FIRST) HARMFUL EVENT (1)

Identify the classification of the accident according to the categories described below following the instructions for Data Entry.

↑ Reporting      Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated. The Help window identifies all of the valid codes for this field.

|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div style="border: 1px solid black; padding: 5px;">           00 Not Applicable<br/>           01 Other Vehicle<br/>           02 Parked Vehicle<br/>           03 Pedestrian<br/>           04 Bicycle<br/>           05 Other Pedalcycle<br/>           06 Other Conveyance<br/>           07 Railway Train<br/>           08 Animal<br/>           09 Fixed Object<br/>           10 Other Object         </div> | <div style="border: 1px solid black; padding: 5px;">           11 Overturn<br/>           12 Spilled Cargo<br/>           13 Jackknife<br/>           14 Units Separated<br/>           15 Other Non-Coll.<br/>           16 Off Road<br/>           17 Downhill Runaway<br/>           18 Explosion or Fire<br/>           88 Other<br/>           99 Unknown         </div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

↓ Reporting      Data Entry ↓

### ACCIDENT CLASSIFICATION - Technical Discussion

Classification of motor vehicle traffic accidents is a specific discipline when done in accordance with the ANSI D16.1 manual cited in the introduction.

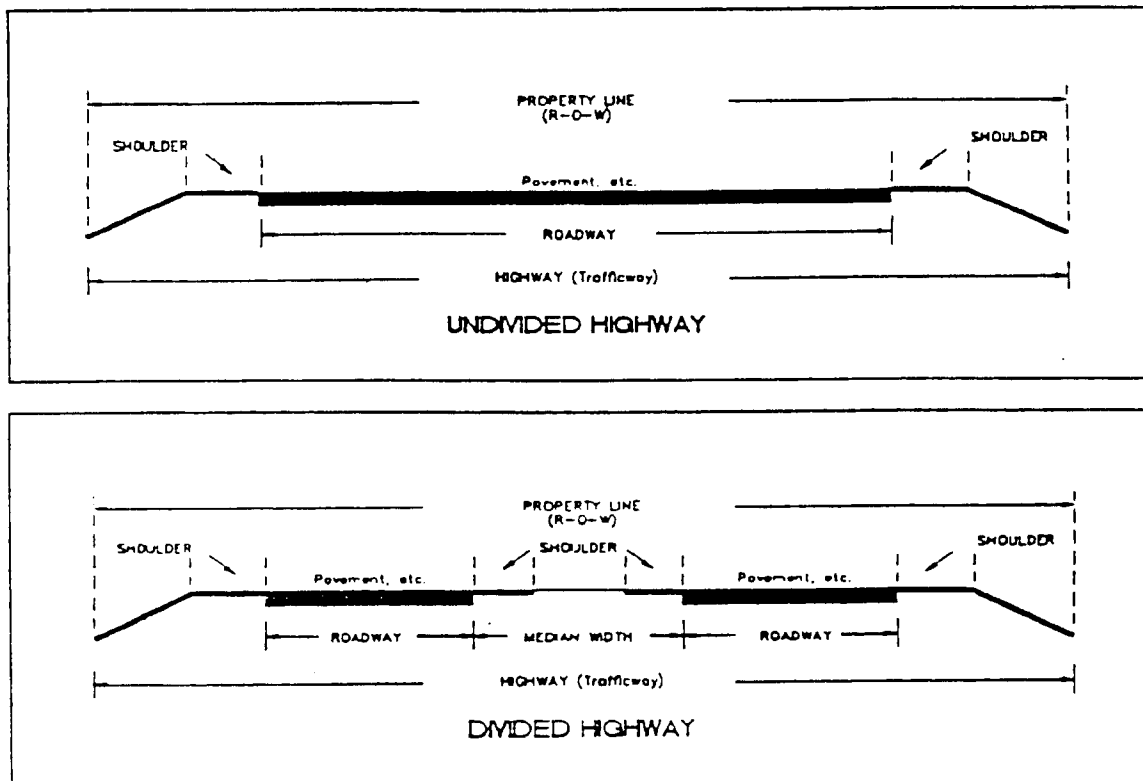
Each term in the phrase "motor vehicle traffic accident" is an essential criterion for identifying the types of accidents that are to be reported and classified as addressed in this manual. In fact, the terms by themselves are not fully adequate for determining whether an event would qualify as a motor vehicle traffic accident. All conditions in the terms must be satisfied as explained below.

## Basic Terms and Qualifications

1. **MOTOR VEHICLE** -- A motor vehicle **IN TRANSPORT** must be involved in the accident. "In transport" means that the motor vehicle, a motorized device being used for transportation, is in motion, is ready for motion (such as stopped for a traffic light or stopped before turning), or is improperly stopped where traffic is intended to move (double parked or abandoned in the road).
2. **TRAFFIC** -- "Transport" and "traffic" are associated with the road locations where motor vehicles are intended to travel. The event must 1) occur or 2) be initiated on a trafficway.

A roadway is that part of a road which is intended for travel. The road is the part of a trafficway that includes roadway and any adjacent shoulder(s).

### ILLUSTRATIONS



3. **TRAFFICWAY** -- A trafficway is any land way (a space within *property lines* or other boundary lines of any transport way, any way or place reserved or commonly used for the operation of transport vehicles) open to the public as a matter of right or custom for moving persons or property from one place to another. (Parking lot *travel lanes* are included.)
4. **ACCIDENT** -- The event must meet at least two additional conditions:
  - 1) loss must occur (injury or property damage)  
and
  - 2) the loss must be unintentional.

Examples of excluded events would include the following --

a motor vehicle in transport running off the road and returning (or coming to a stop off the road) without injury or damage occurring either to the vehicle or real property in its path, or

any extent of injury or damage involving a motor vehicle in transport on a trafficway if the event was deliberately intended (even if the consequences of the event were greater than expected). Suicide is included.

**ADDITIONAL CONDITIONS:** Other factors can disqualify an event from being properly classified as a motor vehicle traffic accident.

Aircraft in transport and watercraft in transport supersede motor vehicles for classification purposes. (Irrespective of the involvement of a motor vehicle, an accident involving a craft of higher classification requires classification according to the higher class.

Events initiated by and/or loss resulting from cataclysm are not motor vehicle traffic accidents. (Motor vehicle damage resulting from an earthquake or landslide is disqualified.)

There are seemingly endless combinations of circumstances that pose challenging questions for those who classify motor vehicle traffic accidents. Fortunately, they are such a small percentage of recorded accidents that they do not have a great effect upon the statistical analysis of them.

## Classifications Are Identified by the FIRST HARMFUL EVENT

Accidents are classified according to categories of "First Harmful Events." The first known harmful event is unambiguous and clearly discernible whereas the first significant event or the most harmful event is open to debate or legitimate controversy even though such information would be highly desirable if it could be obtained correctly. Therefore the official classification procedure uses the first harmful event, and it is the consistency of states following the data coding standard that enables national statistics to be developed and used for meaningful analysis.

**All accident classes are based upon the FIRST HARMFUL EVENT occurring on a trafficway or as a result of events (e.g., losing control) beginning on a trafficway.**

The listing of one or more additional harmful events does not alter the significance of the first harmful event for classification purposes, and the addition(s) may help describe the accident better.

Following is a list of each HARMFUL EVENT category with a brief explanation and example(s) of the classification scheme where the explanation is not self-evident. Inclusions and exclusions are intended to clarify what is meant.

### Harmful Events

#### Collision with:

|                                     |                                                                                                                       |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| 01 Other Motor Vehicle in transport | Another motor vehicle in transport (see definition on Page 58)                                                        |
| 02 Parked Motor Vehicle             | Another motor vehicle <u>not</u> in transport                                                                         |
| 03 Pedestrian                       | Person afoot or on a non-motorized conveyance that is not a pedalcycle (e.g., sidewalk scooter, non-motor wheelchair) |
| 04 Bicycle                          | A 2-wheel pedalcycle driven by human power.                                                                           |
| 05 Other Pedalcycle                 | Although bicycles are the most common pedalcycles, this category includes tricycles, unicycles, and pedalcars         |
| 06 Other Conveyance                 | Person on a non-motorized conveyance that is not a pedalcycle (e.g., sidewalk scooter, non-motor wheelchair)          |
| 07 Railway Train                    | Self-explanatory                                                                                                      |
| 08 Animal                           | Domestic or wild animal                                                                                               |



09 Fixed Object                      "Fixed" is the key word. Examples are listed in the code set for TYPE OF FIXED OBJECT STRUCK (see Block 39).

10 Other Object                      All collisions that qualify as accidents and are not included in the other categories of collision types (Proper selection of this category will be rare.)

Noncollision:

11 Overturn                          The harmful event is a motor vehicle overturn.

12 Spilled Cargo                      The harmful event is injury or damage resulting from a cargo spill.

13 Other Non-collision              All other noncollision harmful events including the following:

Fire  
Explosion  
Gas (e.g. carbon monoxide) Inhalation

INJURY from --

- ◆ fall or jump from vehicle except from being pushed
- ◆ object in or thrown against vehicle except for deliberate intent to strike a specific vehicle or occupant

INJURY OR DAMAGE from --

- ◆ breakage of any vehicle part
- ◆ moving part of vehicle
- ◆ object falling on vehicle except as a result of a cataclysm
- ◆ object falling from or in vehicle

## What Qualifies as an Accident?

Seven questions which must be answered "YES" for an incident to be classified as a motor vehicle traffic accident. The following questions are paraphrases of the questions contained in the ANSI D16.1 *Manual on Classification of Motor Vehicle Accidents*:

1. Did the incident include damage or at least one injury?
2. Was there injury or damage not resulting from a cataclysm?
3. Did the incident involve at least one motor vehicle?
4. Was at least one motor vehicle in transport?
5. Was the incident an unstabilized situation?
6. Did the unstabilized situation originate on a trafficway or did injury or damage occur on a trafficway?
7. Did the incident exclude aircraft or watercraft in transport?

Two concepts are included in the ANSI D16.1 scheme which have not been explained.

"Legal intervention" is a type of deliberate intent. A police car intentionally driven into another vehicle is not classified as an accident. A driver crashing (deliberately or not) into a roadblock set up to stop him is not classified as an accident, but a crash into the roadblock by another driver not intended to be stopped is classified as an accident.

An "unstabilized situation" (see question 6 above) is a set of events not under human control. It begins when control is lost, and it ends when control is regained or -- in the absence of persons able to gain control -- when all persons and property are at rest. The term is sometimes substituted for "first harmful event" and used in defining accidents, but it primarily helps to distinguish what injury or damage is excluded from being considered a part or result of the accident.

Accident Definition Exclusions: injury from live electric wires after an accident ends when a vehicle occupant would have been safe otherwise; drowning of a person who leaves a partially immersed vehicle after it has come to rest and would have been a position of safety.

Official guidance for classification of accidents is provided in the Manual on Classification of Motor Vehicle Traffic Accidents referenced in the Introduction. That document is recommended for authoritative reference and resolution of questioned situations.



## 38 HARMFUL EVENT 2

Follow the instructions for Block 37 above (and refer to the explanations beginning on Page 57 if necessary) to indicate the second harmful event.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated. All explanations applying to Block 37 apply to this field.



### 39 FIXED OBJECT 1

Use the code that best describes the fixed object struck when a harmful event category is 09-Fixed Object. (Use "00" if *neither* harmful event was 09.) If both harmful events were 09-Fixed Object and the two events involved different fixed objects, record the *FIRST* of the fixed objects in this block.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|                       |
|-----------------------|
| 00 Not Applicable     |
| 01 Bridge-Overpass    |
| 02 Building           |
| 03 Culvert-Ditch      |
| 04 Curb               |
| 05 Guardrail-Barrier  |
| 06 Embankment         |
| 07 Fence              |
| 08 Light Support Pole |
| 09 Sign Support Pole  |
| 10 Other Pole         |
| 11 Tree-Shrubbery     |
| 12 Construction Barr. |
| 13 Crash Attenuator   |
| 88 Other              |
| 99 Unknown            |

## 40 VEH-VEH COLLISION TYPE

Use the code that best describes the vehicle-to-vehicle *movement directions* when the Harmful Event category is "01 (Collision With) Other Motor Vehicle." The *movement direction* of a vehicle is usually, but not necessarily the same as the orientation direction of the vehicle. A Head On collision type (→←) would be the correct answer for one vehicle going forward and striking another vehicle backing. The damage resulting from such a collision would be consistent with a typical Same Direction Rear End accident, but the movement directions would make the difference for this example.

The codes for this element consist of simple sketches of vehicle-to-vehicle interactions that match the codes and values to be used. If the Harmful Event category is anything other than "01 (Collision With) Other Motor Vehicle," the correct answer for VEH-VEH COLLISION TYPE is "00 - Not Applicable" or "17 Single Vehicle."

NOTE: The codes for Collision With Other Motor Vehicle, for Accident Location, and for Vehicle Maneuvers (in the lower part), must be mutually agreeable and consistent with the Collision Diagram to be acceptable.

↑ Reporting      Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|                              |                             |
|------------------------------|-----------------------------|
| 00 Not Applicable            | 10 Same Dir Both Left Turn  |
| 01 Head On                   | 11 Straight Movement Angle  |
| 02 Head On Left Turn         | 12 Angle Meets Right Turn   |
| 03 Same Dir Rear End         | 13 Angle Meets Left Turn    |
| 04 Same Dir R-End Right Turn | 14 Angle Meets Left Head On |
| 05 Same Dir R-End Left Turn  | 15 Opposite Dir Both Left   |
| 06 Opposite Dir Sideswipe    | 17 Single Vehicle           |
| 07 Same Direction Sideswipe  | 88 Other                    |
| 08 Same Direction Right Turn | 99 Unknown                  |
| 09 Same Direction Left Turn  |                             |



## 41 LIGHT

Enter the most appropriate code for the condition at the time of the accident.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.  
The Help window identifies all of the valid codes for this field.

|                     |
|---------------------|
| 00 Not Applicable   |
| 01 Daylight         |
| 02 Dawn/Dusk        |
| 03 Dark - Lights On |
| 04 Dark - No Lights |
| 88 Other            |
| 99 Unknown          |



## 42 WEATHER

Enter the most appropriate code for the weather condition at the time of the accident.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.  
The Help window identifies all of the valid codes for this field.

|                   |
|-------------------|
| 00 Not Applicable |
| 01 Clear/Cloudy   |
| 02 Foggy          |
| 03 Raining        |
| 04 Snow/Sleet     |
| 05 Severe Winds   |
| 88 Other          |
| 99 Unknown        |

# TRAFFIC UNITS

## The Driver/Pedestrian and Vehicle Section

|                                                                                        |                                                   |                       |                                                                                                                                                                        |                       |               |                                                                         |                      |                                                                        |             |                                                                         |           |
|----------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------|-------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------|-----------|
| Unit #<br>43                                                                           | Name (First, Middle, Last) 44                     |                       |                                                                                                                                                                        |                       |               |                                                                         |                      |                                                                        |             |                                                                         | Sex<br>45 |
| Type of Unit<br>46<br><input type="checkbox"/> Drivr<br><input type="checkbox"/> "PED" | Address (No., Street, City, State, Zip) 47        |                       |                                                                                                                                                                        |                       |               |                                                                         |                      |                                                                        |             |                                                                         | Inj<br>48 |
|                                                                                        |                                                   |                       |                                                                                                                                                                        |                       |               |                                                                         |                      |                                                                        |             |                                                                         | EMS<br>49 |
| Movmnt<br>50                                                                           | Conditn<br>51                                     | Subst<br>52           | Test<br>53                                                                                                                                                             | Result<br>54          | FOR PEDS ONLY | Age<br>55                                                               | Type<br>56           | Locat'n<br>57                                                          | Obey<br>58  | VISIBL<br>59                                                            |           |
| SpLimit<br>60                                                                          | SAF.EQU<br>61                                     | EQ PROB<br>62         | EJECT<br>63                                                                                                                                                            | CITATION NUMBER(S) 64 |               |                                                                         |                      |                                                                        |             | Fault<br><input type="checkbox"/> No 65<br><input type="checkbox"/> Yes |           |
| Going<br>66                                                                            | Driver's License Number 67                        |                       |                                                                                                                                                                        |                       |               |                                                                         |                      |                                                                        | State<br>68 | Class<br>69                                                             |           |
| Continu<br>70                                                                          | Driver Date of Birth<br>71                        |                       | Irregular Condition 72<br><input type="checkbox"/> Parked <input type="checkbox"/> Caught Fire<br><input type="checkbox"/> Hit&Run <input type="checkbox"/> Driverless |                       |               | HM Spill<br>73<br><input type="checkbox"/> N <input type="checkbox"/> Y | Haz Mat Number<br>74 |                                                                        |             |                                                                         |           |
| Body Ty<br>75                                                                          | COMMER. VEHICLE ONLY                              | U.S. DOT Number<br>76 |                                                                                                                                                                        |                       |               | ICC Number<br>77                                                        | Body Ty<br>78        | CDL?<br><input type="checkbox"/> Yes 79<br><input type="checkbox"/> No |             |                                                                         |           |
| Most HE<br>80                                                                          | OWNER OR CARRIER NAME (Write "SAME" if Driver) 81 |                       |                                                                                                                                                                        |                       |               |                                                                         |                      |                                                                        |             |                                                                         |           |
|                                                                                        | OWNER/CARRIER ADDRESS 83                          |                       |                                                                                                                                                                        |                       |               |                                                                         |                      |                                                                        |             |                                                                         |           |
| CONTRIB CIRCUMSTANCES<br>82-1                                                          | Towed Veh(s) 84                                   |                       |                                                                                                                                                                        |                       |               |                                                                         |                      |                                                                        |             |                                                                         |           |
| 82-2                                                                                   | YEAR & MAKE of VEHICLE 85                         |                       |                                                                                                                                                                        |                       | MODEL 86      |                                                                         | 1st Impact Pt 87     |                                                                        |             |                                                                         |           |
|                                                                                        |                                                   |                       |                                                                                                                                                                        |                       |               |                                                                         | Main Impact 88       |                                                                        |             |                                                                         |           |
| 82-3                                                                                   | EXP YR & REGISTR # STATE 89                       |                       |                                                                                                                                                                        | AREAS DAMAGED 90      |               | Insurer 91                                                              |                      |                                                                        |             |                                                                         |           |
| 82-4                                                                                   | VEHICLE ID NUMBER 92                              |                       |                                                                                                                                                                        |                       |               | Policy Number 93                                                        |                      |                                                                        |             |                                                                         |           |
| Dam Ext<br>94                                                                          | Vehicle Removed By 95                             |                       |                                                                                                                                                                        |                       |               | Vehicle Removed To 96                                                   |                      |                                                                        |             |                                                                         |           |

Space is provided in 2 columns in the middle of the MAARS Report Form to describe two traffic units. For each unit, the personal data on drivers or pedestrians-cyclists appears first with vehicle descriptions below.



The blocks are numbered alike on both halves (or sides) because they are the same data elements; they simply apply to multiple traffic units when more than one unit is involved.

### What "Traffic Units" Are

Traffic units are motor vehicles, persons called "PEDs" in this manual, and trains involved with motor vehicles in accidents. Pedestrians, especially those in trafficways, have a place in traffic and an influence on other traffic. All persons injured by motor vehicles in transport are to be identified and their locations and injuries recorded.

NOTE: A PED who is *not injured* in the accident is not a traffic unit and is not to be recorded except possibly as a witness.

A non-injured person might need to be sketched into a collision diagram (if an important factor in the accident were the vehicle's avoidance) but the non-injured person is still not a traffic unit.

Motor vehicles in transport have maneuvers (some of which are not in motion) and positions in trafficways. Parked vehicles may have positions in trafficways, but they do not have maneuvers.

PEDs have maneuvers (some of which are not in motion) and positions in trafficways.

### Do's and Don'ts -- Traffic Unit Guidelines

DO develop a consistent pattern for recording traffic units to be certain that you obtain and record all information needed.

Sequence of recording traffic units is suggested as follows: record the striking vehicle first when more than one traffic unit is involved. This does not imply that Vehicle 1 caused the accident, but it does reflect the customary way in which narrative explanations are composed. (E.g., "Vehicle 1 lost control, skidded, and struck Vehicle 2 stopped for a traffic light.")

The suggested sequence is not a rule, and there are some situations where another sequence would make better sense such as a pedestrian being struck by a hit & run vehicle with little known about the striking vehicles. In such case, follow the more convenient order.

DO NOT count pedalcycles as vehicles. The pedalcyclist is a PED traffic unit. Also, do not record identification or description of pedalcycles in the vehicle area. Record information on damaged pedalcycles, when needed, in the Object and Nature of Damage line. Do not record undamaged pedalcycles on the report form.



### 43 UNIT #

Record a number, starting with 1, for each vehicle-driver (including driverless vehicles) unit or for the other type of traffic unit: pedestrian or pedalcyclist.

See: **Basic Terms** (especially **MOTOR VEHICLE**) in the explanations beginning on Page 57 if necessary.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

**44 NAME (First, Middle, Last)**

Transcribe the driver or PED's full name exactly as shown on the driver license. Obtain names of unlicensed persons as completely as you can. Use the given name (e.g., Helen) of a married woman rather than a husband's name (Mrs. John P. Smith).

↑ Reporting Data Entry ↓

This element is not recorded in the Data Entry System.

|     |    |
|-----|----|
| Sex | 45 |
|-----|----|

#### 45 SEX

Enter the code which correctly identifies the sex of the driver or PED.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|            |
|------------|
| 01 Male    |
| 02 Female  |
| 99 Unknown |

|                                 |    |
|---------------------------------|----|
| Type<br>of<br>Unit              | 46 |
| <input type="checkbox"/> Driver |    |
| <input type="checkbox"/> "Ped"  |    |

## 46 TYPE OF UNIT

Identify the type of person being recorded, either a vehicle driver/operator or a PED as described previously in the introduction to Traffic Units. Note:

*"Information for an occupant in the driver's seat, who is capable of operating the vehicle, while the vehicle is within a "Trafficway" but not "In-Transport" will be recorded in blocks #44-71 the same as if the person had been driving the vehicle. Additionally, block #72 will be marked to indicate the condition of the vehicle as "Parked."*

↑ Reporting ↓ Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|          |
|----------|
| D DRIVER |
| P PED    |

|                                         |                                                                                            |
|-----------------------------------------|--------------------------------------------------------------------------------------------|
| Address (No., Street, City, State, Zip) | Tel <input type="checkbox"/> Work <input type="checkbox"/> Res <input type="checkbox"/> 47 |
|-----------------------------------------|--------------------------------------------------------------------------------------------|

## 47 ADDRESS (No., Street, City, State, Zip)

Transcribe the driver's address as shown on the driver license (using State abbreviations as shown below) unless the driver license is incorrect (such as being out of date). Write "New" or "Correct" when recording an address different from what is shown on a driver license.

Record addresses of unlicensed persons and PEDs as completely as you can. Enter the street address, with apartment number if any, or the RFD number, and the city, state and zip code. *Record the telephone number if it is requested by a party involved or it is the policy of your department to record telephone numbers.*

↑ Reporting Data Entry ↓

This element is not recorded in the Data Entry System.

↓ Reporting Technical Discussion Data Entry ↓

## STATE ABBREVIATIONS

|                     |                     |                       |
|---------------------|---------------------|-----------------------|
| AL - Alabama        | KY - Kentucky       | OH - Ohio             |
| AK - Alaska         | LA - Louisiana      | OK - Oklahoma         |
| AM - American Samoa | ME - Maine          | OR - Oregon           |
| AZ - Arizona        | MK - Marianas Isl.  | PA - Pennsylvania     |
| AR - Arkansas       | MH - Marshall Isl.  | PR - Puerto Rico      |
| CA - California     | MD - Maryland       | RI - Rhode Island     |
| CZ - Canal Zone     | MA - Massachusetts  | SC - South Carolina   |
| CG - Carolina Isl.  | MI - Michigan       | SD - South Dakota     |
| CO - Colorado       | MW - Midway Isl.    | TN - Tennessee        |
| CT - Connecticut    | MN - Minnesota      | TX - Texas            |
| DE - Delaware       | MS - Mississippi    | US - US Govt.         |
| DC - Dist. of Col   | MO - Missouri       | UT - Utah             |
| FL - Florida        | MT - Montana        | VT - Vermont          |
| GA - Georgia        | NE - Nebraska       | VI - US Virgin Isl.   |
| GM - Guam           | NV - Nevada         | VA - Virginia         |
| HI - Hawaii         | NH - New Hampshire  | WK - Wake Isl.        |
| ID - Idaho          | NJ - New Jersey     | WA - Washington       |
| IL - Illinois       | NM - New Mexico     | WV - West Virginia    |
| IN - Indiana        | NY - New York       | WI - Wisconsin        |
| IA - Iowa           | NC - North Carolina | WY - Wyoming          |
| KS - Kansas         | ND - North Dakota   | OT - Other Than Above |

## 48 INJ SEV

Enter the most appropriate code for the injury observed at the scene of the accident or as reported by EMS providers. Codes 00, 88, and 99 are not allowed for this element.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|                    |
|--------------------|
| 01 Not Injured     |
| 02 Possible Injury |
| 03 Injured         |
| 04 Disabled        |
| 05 Fatal           |

Notice: Codes 00, 88 and 99  
are not allowed  
for this element.

↓ Reporting Technical Discussion Data Entry ↓

### INJURY CODES WITH DEFINITIONS

The code letters were selected to suggest the general extent of injury observed. The definitions on the following page are taken from the Manual on Classification of Motor Vehicle Traffic Accidents, American National Standard D16.1-1976.

The Accident Classification Manual gives examples and lists exclusions for some of the definitions.

- 01 Not injured/not known: No injury was evident, or the person in question departed from the scene (but was not transported by EMS as an injured person).
- 02 Possible Injury: A possible injury is any injury reported or claimed which is not a fatal injury, incapacitating injury, or non-incapacitating evident injury.
- 03 Injury, not incapacitating: A nonincapacitating evident injury is any injury, other than a fatal injury or an incapacitating injury, which is evident to observers at the scene of the accident in which the injury occurred.
- 04 Disabled (incapacitating): An incapacitating injury is any injury, other than a fatal injury, which prevents the injured person from walking, driving, or normally continuing the activities he was capable of performing before the injury occurred.
- 05 Fatal: A fatal injury is any injury that results in death.

## 49 EMS Unit

Before an entry can be made in this block, you must first identify the Emergency Medical Services (EMS) unit(s) transporting each victim.

After that, use A (or B or some other appropriate EMS vehicle indicator from block 107 for each EMS vehicle) in EMS Unit block (49 or 106) to indicate which EMS unit transported each injured person taken from the accident scene. If more than 2 EMS Units are involved to transport injured persons from the same accident, continue the lettering sequence (C D, etc.) on your continuation sheet or additional MAARS form(s) as needed to complete the EMS vehicle information.

EMS units are identified in two places: they are *described* on the last line of the MAARS Report Form and then linked with the persons transported.

If no EMS Units were involved, draw a distinct line through the blocks in EMS Unit line at the bottom (and use code 00) in the EMS Unit blocks for drivers and passengers.

↑ Reporting
Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.





## 50 MOVEMENT

Enter the code that describes the vehicle or PED maneuver immediately prior to the accident.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

00 Not Applicable  
Vehicle Movement  
01 Moving Constant Speed  
02 Accelerating  
03 Slowing or Stopping  
04 Starting from Lane  
05 Starting from Parked  
06 Stopped in Traffic Lane  
07 Changing Lanes  
08 Passing  
09 Parking  
10 Parked  
11 Backing  
12 Making Left Turn  
13 Making Right Turn  
14 Right Turn on Red  
15 Making U Turn  
16 Skidding  
17 Driverless Moving Veh.

PED Movement  
51 Cross/Enter at Intersectn  
52 Cross/Ent Not at Intsect  
53 Walking/Riding w/Traffic  
54 Walk/Ride Against Traf  
55 Playing  
56 Standing  
57 Getting On/Off Vehicle  
58 Push/Work on Vehicle  
59 Other Working  
60 Hitchhiking  
61 Approach/Leave School Bus  
88 Other  
99 Unknown



## 51 CONDITION

Enter the most appropriate code for the physical condition or the driver or PED at the time of the accident.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|                      |
|----------------------|
| 00 Not Applicable    |
| 01 Apparently Normal |
| 02 Had Been Drinking |
| 03 Using Drugs       |
| 04 Physical Defects  |
| 05 Other Handicaps   |
| 06 Ill               |
| 07 Fatigued          |
| 08 Apparently Asleep |
| 88 Other             |
| 99 Unknown           |

## 52 SUBSTANCE USE DETECTED

Enter the code which correctly describes your observation or knowledge of the presence and *your opinion* of the contribution of controlled substances.

Codes beginning with "1" indicate the presence of alcohol, illegal drug(s), medication or a combination of these (with no indication that their presence contributed to the accident) whereas codes beginning with "2" indicate these same substances were not only present but in your opinion contributed to the accident occurrence.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|                             |
|-----------------------------|
| 00 Not Applicable           |
| 01 None Detected            |
| 11 Alcohol Present          |
| 12 Illegal Drug Present     |
| 13 Medication Present       |
| 14 Combined Subst. Present  |
| 21 Alcohol Contributed      |
| 22 Illegal Drug Contributed |
| 23 Medication Contributed   |
| 24 Combination Contributed  |
| 88 Other                    |
| 99 Unknown                  |



### 53 TESTS ADMINISTERED

Enter the most appropriate code for the alcohol and/or drug testing done. Code 03 supersedes code 02. Use 03 instead of 02 when both types of tests are administered.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|                          |
|--------------------------|
| 00 Not Applicable        |
| 01 Test Refused          |
| 02 Positive Prelim. Test |
| 03 Evidence Test Given   |
| 88 Other                 |
| 99 Unknown               |



#### 54 (BAC TEST) RESULT

Enter the BAC test result values following the decimal point. Notice that the decimal point is preprinted in the block.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|                     |     |    |
|---------------------|-----|----|
| FOR<br>PEDS<br>ONLY | Age | 55 |
|---------------------|-----|----|

## 55 (PED) AGE

### "PEDs"

"PED" (as explained on Page 69) is a convenience term used in this manual to refer to pedestrians, pedalcyclists, and other persons who are not occupants of motor vehicles.

Record the age of the PED. This field provides 3 positions to eliminate any possible confusion on how to record the ages of persons 100 years old or over. The age of an infant less than 1 year old is "000". A faint zero appears in the first segment of this block; that will be enough for the first segment in most cases; write "1" prominently over the zero when recording ages of 100 or more.

Use "999" if the age is unknown.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|                     |         |
|---------------------|---------|
| FOR<br>PEDS<br>ONLY | TYPE 56 |
|---------------------|---------|

## 56 PED TYPE

Enter the code which describes the role or mode of transportation for the non-motor-vehicle traffic unit. In normal conversation, the term "pedestrian" means a person afoot. For purposes of describing accident reporting requirements in this document, the term "PED" includes all involved persons other than *drivers* or *passengers of motor vehicles in transport*.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|                        |
|------------------------|
| 00 Not Applicable      |
| 01 Pedestrian          |
| 02 Bicyclist           |
| 03 Other Pedalcyclist  |
| 04 Rider Of Animal     |
| 05 In Animal-Drawn Veh |
| 06 Machine Oper./Rider |
| 07 Other Conveyance    |
| 88 Other               |
| 99 Unknown             |

|                     |               |
|---------------------|---------------|
| FOR<br>PEDS<br>ONLY | Locat'n<br>57 |
|---------------------|---------------|

## 57 PED LOCATION

Enter the code which describes where the pedestrian was located at the time of the accident.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|                                |
|--------------------------------|
| 00 Not Applicable              |
| 01 Shoulder                    |
| 02 Curb                        |
| 03 Sidewalk                    |
| 04 Outside Right of Way        |
| 05 On Roadway at Crosswalk     |
| 06 On Roadway Not at Crosswalk |
| 07 In School Bus Zone          |
| 08 In Bikeway                  |
| 88 Other                       |
| 99 Unknown                     |



|                     |         |
|---------------------|---------|
| FOR<br>PEDS<br>ONLY | Obey 58 |
|---------------------|---------|

## 58 PED OBEY TRAFFIC SIGNAL

Enter one code for the pedestrian's compliance with traffic signals. If multiple signals are present and include pedestrian signals, answer whether the ped complied with the pedestrian signal.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|
| 00 Not Applicable<br>01 No Ped Signal<br>02 Obeyed Ped Signal<br>03 Disobeyed Ped. Signal<br>04 Ped. Signal Malfunction<br>88 Other<br>99 Unknown |
|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                     |              |
|---------------------|--------------|
| FOR<br>PEDS<br>ONLY | VISIBL<br>59 |
|---------------------|--------------|

## 59 PED VISIBILITY

Enter the most appropriate code for the visibility of the pedestrian at the time of the accident.

**NOTE WHEN ENTERING DATA FOR PEDs:  
THE ONLY BLOCKS AFTER #59 WHICH APPLY TO  
PEDS ARE #64 CITATION NUMBER(S) AND #65  
(AT FAULT).**

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|    |                  |
|----|------------------|
| 00 | Not Applicable   |
| 01 | Light Clothing   |
| 02 | Dark Clothing    |
| 03 | Mixed Clothing   |
| 04 | Reflective Mat'l |
| 05 | Head Light       |
| 06 | Rear Reflector   |
| 07 | Hd Light & Refl. |
| 88 | Other            |
| 99 | Unknown          |



## 60 SPEED LIMIT

Enter the posted speed limit which applies to this vehicle. If not posted, enter the speed limit established for that type of road or street by statute or regulation. If the traffic unit is a PED, enter "00".

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

## 61 SAFETY EQUIPMENT USED

Enter the most appropriate code that describes the driver's use of (or failure to use) safety equipment. (This instruction also applies to Passenger and Injury Data block 102.)

NOTE: This data element and the next 3 apply equally to the *Passenger and Injury Data* section, and some extended instructions and references are provided in that section.

↑ Reporting      Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

00 Not Applicable  
 01 None  
 11 Lap Belt Only  
 12 Shoulder Belt Only  
 13 Shoulder/Lap Belt(s)  
 14 Child/Youth Restraint  
 21 MC/Bike Helmet  
 22 MC/Bike Eye Shield Only  
 23 MC/Bike Helmet & Shield  
 31 Air Bag (Only)  
 32 Air Bag & Belt(s)  
 88 Other  
 99 Unknown

**62 (DRIVER) EQUIPMENT PROBLEM**

Enter the most appropriate code that describes the misuse (or failure) of safety equipment. (This instruction also applies to Passenger and Injury Data block 103, but the codes for that section include Child/Youth Restraint misuse.)

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|                        |
|------------------------|
| 00 Not Applicable      |
| 01 Use OK              |
| 11 Belts/Anchors Broke |
| 13 Belts Misused       |
| 31 Air Bag Failed      |
| 88 Other               |
| 99 Unknown             |



## 63 EJECTION

Enter the most appropriate code for the ejected or trapped condition at the time of the accident.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|                        |
|------------------------|
| 00 Not Applicable      |
| 01 Not Ejected/Trapped |
| 02 Fully Ejected       |
| 03 Partially Ejected   |
| 04 Trapped             |
| 88 Other               |
| 99 Unknown             |

## 64 CITATION NUMBER(S)

Record the number of each citation issued. Information provided in 46 will identify whether issued to a driver or a PED. Also, multiple entries may be made in this block. Where citation numbers follow in a series, it is acceptable practice to enter a slash mark at the end of the first number and enter only the differing number(s) at the end of each citation in the series.

Examples: 123456/7/8      456789/90/91

↑ Reporting      Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|                                |
|--------------------------------|
| Fault                          |
| <input type="checkbox"/> No 65 |
| <input type="checkbox"/> Yes   |

## 65 (AT) FAULT

Check the "No" or "Yes" box to indicate whether the driver or PED was at fault *in your opinion*.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|   |     |
|---|-----|
| N | No  |
| Y | Yes |





## 66 DIRECTION GOING

Enter the code that describes the route direction for the road (rather than the compass direction of the vehicle path) and the vehicles direction on the road. Only 01 North or 02 South are valid answers for North-South routes, and only 03 East or 04 West are valid answers for East-West routes as shown in the *Log Mile Reference Manual*. This and element 70, Direction Continuing, are paired; they are not generally meaningful unless answered together correctly.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|    |         |
|----|---------|
| 00 | N/A     |
| 01 | North   |
| 02 | South   |
| 03 | East    |
| 04 | West    |
| 99 | Unknown |

|                         |    |
|-------------------------|----|
| Driver's License Number | 67 |
|-------------------------|----|

## 67 DRIVER'S LICENSE NUMBER

Record the number as shown on the driver license. If the license has expired, also enter "EXP".

Enter "NONE" if the driver is not licensed. If you find a license number through a check with the Motor Vehicle Administration, record it. If the driver license is revoked or suspended, enter "REV" or "SUS" to show the status of the license record.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.



## 68 STATE

Record the abbreviation of the state issuing the license. The State codes are listed below.

### STATE ABBREVIATIONS

|                     |                     |                       |
|---------------------|---------------------|-----------------------|
| AL - Alabama        | KY - Kentucky       | OH - Ohio             |
| AK - Alaska         | LA - Louisiana      | OK - Oklahoma         |
| AM - American Samoa | ME - Maine          | OR - Oregon           |
| AZ - Arizona        | MK - Marianas Isl.  | PA - Pennsylvania     |
| AR - Arkansas       | MH - Marshall Isl.  | PR - Puerto Rico      |
| CA - California     | MD - Maryland       | RI - Rhode Island     |
| CZ - Canal Zone     | MA - Massachusetts  | SC - South Carolina   |
| CG - Carolina Isl.  | MI - Michigan       | SD - South Dakota     |
| CO - Colorado       | MW - Midway Isl.    | TN - Tennessee        |
| CT - Connecticut    | MN - Minnesota      | TX - Texas            |
| DE - Delaware       | MS - Mississippi    | US - US Govt.         |
| DC - Dist. of Col   | MO - Missouri       | UT - Utah             |
| FL - Florida        | MT - Montana        | VT - Vermont          |
| GA - Georgia        | NE - Nebraska       | VI - US Virgin Isl.   |
| GM - Guam           | NV - Nevada         | VA - Virginia         |
| HI - Hawaii         | NH - New Hampshire  | WK - Wake Isl.        |
| ID - Idaho          | NJ - New Jersey     | WA - Washington       |
| IL - Illinois       | NM - New Mexico     | WV - West Virginia    |
| IN - Indiana        | NY - New York       | WI - Wisconsin        |
| IA - Iowa           | NC - North Carolina | WY - Wyoming          |
| KS - Kansas         | ND - North Dakota   | OT - Other Than Above |

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.



## 69 CLASS

Record the Driver License Class as shown on the driver license document. Most license classes will consist of 1 character (usually alphabetic). If a second character is used, it is probably an endorsement and should be recorded in the second section of this 2-digit field.

Driver license classes for *Maryland* are A, B, C, D, and M.

Driver license classes for other states may use other codes.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

This field is edited only for Maryland drivers; driver license classes apply to those from any state, not exclusively to Maryland driver license classes.

## 70 (DIRECTION) CONTINUING

Enter the code that identifies the intended continuing direction. When combined with data element 66, Direction Going, turning movements of vehicles can be clearly identified (when applicable) without regard to their compass or roadway orientations and they coincidentally provide roadway orientations. Example: Going North and Continuing East indicates a right turn. Three other Going-Continuing combinations indicate the same maneuver. These two data elements help refine the information provided by the MOVEMENT code.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|                   |
|-------------------|
| 00 Not Applicable |
| 01 North          |
| 02 South          |
| 03 East           |
| 04 West           |
| 99 Unknown        |

|                      |  |  |  |    |
|----------------------|--|--|--|----|
| Driver Date of Birth |  |  |  | 71 |
|                      |  |  |  |    |

## 71 DATE OF BIRTH

Record the date of birth in standard Month/Day/Year sequence.

**SPECIAL NOTE:** When a date of birth occurs in the previous century, be certain to enter the full description of the year in the upper parts of the spaces for the year.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field using the full year description in every instance. "19" will be implied by the officer if a previous century is not shown.

### EXAMPLES

Officer's Entry

Data Entry System Requirement

|                      |   |   |   |    |
|----------------------|---|---|---|----|
| Driver Date of Birth |   |   |   | 71 |
| 0                    | 5 | 1 | 5 | 6  |
|                      |   |   |   | 0  |

05151960 (MM/DD/YYYY)

|                      |   |   |   |    |
|----------------------|---|---|---|----|
| Driver Date of Birth |   |   |   | 71 |
| 0                    | 4 | 1 | 4 | 9  |
|                      |   |   |   | 5  |

04141895 (MM/DD/YYYY)

|                                  |                                      |
|----------------------------------|--------------------------------------|
| Irregular Condition              | 72                                   |
| <input type="checkbox"/> Parked  | <input type="checkbox"/> Caught Fire |
| <input type="checkbox"/> Hit&Run | <input type="checkbox"/> Driverless  |

## 72 SPECIAL CONDITION CHECKBLOCKS FOR VEHICLES

Check any box that applies to vehicle. It is possible, but unlikely, that multiple blocks would apply.

- ☐ Parked applies to motor vehicles that are parked on a road or elsewhere.
- ☐ Hit & Run applies only to the striking vehicle, not for a vehicle struck by a Hit & Run unit. (Also see: Hit & Run Recording)
- ☐ Caught Fire indicates that a fire occurred either as a first or subsequent event. Check this box even if a fire breaks out in a vehicle which has been totally destroyed or a fire breaks out but is extinguished before significant damage occurs from the fire.
- ☐ Driverless applies to a motor vehicle in transport which does not have a driver in the vehicle at the time of the accident. A person in the vehicle capable of driving but not controlling or attempting to control the vehicle is not a driver.

↑ Reporting Data Entry ↓

Transcribe N for each box not checked and Y for each box checked.

|   |     |
|---|-----|
| N | No  |
| Y | Yes |

|                          |       |
|--------------------------|-------|
| HA                       | Spill |
|                          | 73    |
| <input type="checkbox"/> | N     |
| <input type="checkbox"/> | Y     |

### 73 HAZARDOUS MATERIALS SPILL

Check "N (No)" or "Y (Yes)" if any hazardous materials were released either as a cause or a result of the accident.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|   |     |
|---|-----|
| N | No  |
| Y | Yes |



|                |    |
|----------------|----|
| Har Mat Number | 74 |
|----------------|----|

## 74 HAZ MAT (PLACARD) NUMBER

Record the Hazardous Materials Number, usually a 4-digit number, from the placard itself or from authorization documents maintained by the driver.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

Body Ty  
75

## 75 BODY TYPE

Enter the code which describes the vehicle body type. An example of "other" (88) would be "homemade." Notice that there is an additional Body Type field for Commercial Vehicles. The codes for that block (78) are different. Commercial Vehicle body types (Block 78) is an addition to not in lieu of Block 75.

### 1 Reporting Data Entry 1

Transcribe exactly the information from the report form into the data entry field illustrated.

|                         |                                                                     |
|-------------------------|---------------------------------------------------------------------|
| 00 Not Applicable       | 12 School Bus                                                       |
| 01 Motorcycle           | 13 Ambulance/Emergency                                              |
| 02 Automobile           | 14 Ambulance/Non-Emergency                                          |
| 03 Station Wagon        | 15 Fire Vehicle Emergency                                           |
| 04 Limousine            | 16 Fire Vehicle/Non-Emergency                                       |
| 05 Single Truck 2 Axles | 17 Police Vehicle/Emergency                                         |
| 06 Single Truck 3 Axles | 18 Police Vehicle/Non-Emergency                                     |
| 07 Truck Tractor        | 19 Moped                                                            |
| 08 Recreational Vehicle | 20 Pickup Truck - (Gross Weight<br>Rating of 10,000 pounds or less) |
| 09 Farm Vehicle         | 21 Van                                                              |
| 10 Transit Bus          | 23 Sports Utility Vehicle                                           |
| 11 Cross Country Bus    | 88 Other                                                            |
|                         | 99 Unknown                                                          |

## SPECIAL COMMERCIAL VEHICLE DATA

|                               |                 |    |            |    |         |    |                                                             |    |
|-------------------------------|-----------------|----|------------|----|---------|----|-------------------------------------------------------------|----|
| COMMERCIAL<br>VEHICLE<br>ONLY | U.S. DOT Number | 76 | ICC Number | 77 | Body Ty | 78 | CDL?                                                        | 79 |
|                               |                 |    |            |    |         |    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |    |

Completion of information in the COM. VEH. section, blocks 76-79, is required for accidents involving vehicles which meet either (or both) of the following conditions:

- 1) a truck with at least dual axles and 6 tires or
- 2) a bus with 16 or more seats including the driver's seat.

|                            |                 |    |
|----------------------------|-----------------|----|
| COMMER.<br>VEHICLE<br>ONLY | U.S. DOT Number | 76 |
|----------------------------|-----------------|----|

## 76 U.S.DOT NUMBER

Record the U S Department of Transportation: a 7-digit number

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|                            |                                                |
|----------------------------|------------------------------------------------|
| COMMER.<br>VEHICLE<br>ONLY | ICC Number <div style="float: right;">77</div> |
|----------------------------|------------------------------------------------|

## 77 ICC NUMBER

Enter the Interstate Commerce Commission (Motor Carriers) number: usually a 5-digit number

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|                               |               |
|-------------------------------|---------------|
| COMMERCIAL<br>VEHICLE<br>ONLY | Body Ty<br>78 |
|-------------------------------|---------------|

## 78 (COMMERCIAL) BODY TYPE

Enter the code which most correctly describes the *commercial vehicle* body type. Be sure to use the codes for block 78 instead of those which apply to all vehicles in block 75.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|                     |
|---------------------|
| 00 Not Applicable   |
| 01 Bus              |
| 02 Van/Encl. Box    |
| 03 Truck-Tractor    |
| 04 Cargo Tank       |
| 05 Flatbed          |
| 06 Dump             |
| 07 Concrete Mixer   |
| 08 Auto Transporter |
| 09 Garbage/Refuse   |
| 88 Other            |
| 99 Unknown          |

|                            |                                                                        |
|----------------------------|------------------------------------------------------------------------|
| COMMER.<br>VEHICLE<br>ONLY | CDL?<br><input type="checkbox"/> No 79<br><input type="checkbox"/> Yes |
|----------------------------|------------------------------------------------------------------------|

## 79 CDL?

Record "No" or "Yes" to indicate whether the driver has a Commercial Driver License.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|   |     |
|---|-----|
| N | No  |
| Y | Yes |



## 80 (VEH) MOST HARMFUL EVENT

Record the most harmful event which occurred to this vehicle. The code options are the same as those for blocks 37 and 38. If there is a question about which one of multiple events caused the most (greatest) harm or damage, apply your best judgment or select the first of those which you would judge to be equally harmful (whether or not the event you select is the first harmful event in the entire accident).

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><u>Collision With:</u></p> <p>01 Other Motor Vehicle<br/>in Transport</p> <p>02 Parked Motor Vehicle</p> <p>03 Pedestrian</p> <p>04 Bicycle</p> <p>05 Other Pedalcycle</p> <p>06 Other Conveyance</p> <p>07 Railway Train</p> <p>08 Animal</p> <p>09 Fixed Object</p> <p>10 Other Object</p> <p><u>Non-collision:</u></p> <p>11 Overturn</p> <p>12 Spilled Cargo</p> <p>13 Jackknife</p> <p>14 Separation of Units</p> <p>15 Other Non-collision</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



|                                                |                                                                                         |    |
|------------------------------------------------|-----------------------------------------------------------------------------------------|----|
| OWNER OR CARRIER NAME (Write "SAME" if Driver) | Tel <input type="checkbox"/> Work <input type="checkbox"/> Res <input type="checkbox"/> | 81 |
|------------------------------------------------|-----------------------------------------------------------------------------------------|----|

## 81 OWNER OR CARRIER NAME

Enter "SAME" for the owner name and address if the driver is the owner and the vehicle is not a commercial vehicle.

Otherwise, enter the owner's identification from the registration document following the general instructions for recording driver and pedestrian personal identification.

### SPECIAL CONDITION: Commercial Vehicle

Enter the CARRIER—corporate (business)—NAME of the organization or person either leasing or operating a *commercial vehicle* (not the person or organization leasing the truck to another).

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field in the bottom area of the data entry screen if the vehicle is *commercial*. If not a commercial vehicle, this information is not recorded in the Data Entry System.



#### 82-1/2/3/4 CONTRIBUTING CIRCUMSTANCE #1, #2, #3 & #4

These 4 boxes provide for your opinion as a police officer concerning the factors that contributed to the accident. Up to 4 codes (shown on the underside of the coding overlay) may be specified for each traffic unit.

The code options for Contributing Circumstances are divided into four categories:

- 1) Driver, Pedestrian, or Cyclist Condition or Actions
- 2) Environment Effects,
- 3) Vehicle Defects,  
and
- 4) Road Condition.

Enter as many of the codes within each category as you believe apply to the driver or pedestrian affected. Enter "00" (Not Applicable) when and if appropriate in any of the 4 blocks.

In an effort to get a more accurate picture of the leading factors that contribute to a motor vehicle accident, it is extremely important that Maryland law enforcement list the contributing circumstances in order of main reasons/causes.

For example:

**"The driver of vehicle one traveling on a roadway, driver attempted to stop at the stop sign but slid on the wet roadway, thus hitting vehicle two that was already in the intersection. It was raining and driver of vehicle one had also been drinking."**

In the above example, since there are four blocks that can be utilized the first block (82-1) should indicate in the officer's opinion the main contributing circumstance code that directly relates to the "First Harmful" event and subsequently any other contributing circumstances codes that affected this accident in the remaining three blocks.

|       |       |                                                                                  |
|-------|-------|----------------------------------------------------------------------------------|
| Block | #82-1 | Code 12 (Failed to obey a stop sign) this is the main contributing circumstance) |
| Block | #82-2 | Code 45 (Rain, snow)                                                             |
| Block | #82-3 | Code 02 (Under influence: alcohol)                                               |
| Block | #82-4 | N/A                                                                              |

Additionally, the below listed contributing circumstances codes "should not be used" in Block #82-1 but may be used for any of the remaining contributing factors.

|    |   |                                            |
|----|---|--------------------------------------------|
| 01 | - | Under influence of drugs                   |
| 02 | - | Under influence: alcohol                   |
| 03 | - | Under infl. of medication                  |
| 04 | - | Under combined influence                   |
| 05 | - | Physical/ment. difficulty                  |
| 07 | - | Failed to give full time and attention     |
| 08 | - | Did not comply with licenses restrictions? |
| 19 | - | Operator using a cellular telephone        |
| 66 | - | Traffic control device inoperative         |
| 67 | - | Shoulders low, soft, high                  |

Contributing Circumstances codes are listed on the following page.

↑ Reporting ↓ Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

# CONTRIBUTING CIRCUMSTANCES

## DRIVER, PEDESTRIAN, CYCLIST: CONDITION OR ACTIONS

- 01 Under influence of drugs
- 02 Under influence: alcohol
- 03 Under infl. Of medication
- 04 Under combined influence
- 05 Physical/ment, difficulty
- 06 Fell asleep, fainted, etc.
- 07 Failed to give full time and attention
- 08 Did not comply with licenses restrictions
- 09 Failure to drive within a single lane
- 10 Improper right turn on red
- 11 Failed to yield right of way
- 12 Failed to obey stop sign
- 13 Failed to obey traffic signal
- 14 Failed to obey oth traf contr
- 15 Failed to keep right of center
- 16 Failed to stop for school bus
- 17 Wrong way on one way
- 18 Exceeded speed limit
- 19 Operator using a cellular telephone
- 20 Stopping in a lane/roadway
- 21 Too fast for conditions
- 22 Followed too closely
- 23 Improper turn
- 24 Improper lane change
- 25 Improper backing
- 26 Improper passing
- 27 Improper signal
- 28 Improper parking
- 29 Interference/Obstruction by passenger

## PEDESTRIAN, CYCLIST: ACTIONS ONLY

- 31 Illegally in roadway
- 32 Bicycle violation
- 37 Clothing not visible

## ENVIRONMENT EFFECT

- 41 Smog, smoke
- 42 Sleet, hail, freez. rain
- 43 Blowing sand, soil, dirt
- 44 Severe crosswinds
- 45 Rain, snow
- 46 Animal
- 47 Vision obstruction (including blinded by sun or lights)

## VEHICLE DEFECT

- 51 Brakes
- 52 Tires
- 53 Steering
- 54 Lights
- 55 Windows/windshield
- 56 Wheel(s)
- 57 Trailer coupling
- 58 Cargo
- 59 Engine trouble

## ROAD CONDITION

- 61 Wet
- 62 Icy or snow-covered
- 63 Debris or obstruction
- 64 Ruts, holes, bumps
- 65 Road under const/maint.
- 66 Traffic control device inoperative
- 67 Shoulders low, soft, high

|                       |    |
|-----------------------|----|
| OWNER/CARRIER ADDRESS | 83 |
|-----------------------|----|

### 83 OWNER/CARRIER ADDRESS

Enter the full address of the owner or commercial vehicle carrier to complete the identification name and address set.

↑ Reporting Data Entry ↓

This information is not recorded in the Data Entry System.

|              |    |
|--------------|----|
| Towed Veh(s) | 84 |
|--------------|----|

## 84 TOWED VEH(s)

Enter the code which best describes the vehicle(s) being towed by the motor vehicle in transport (or power unit). The code set is on the underside of the coding overlay.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|    |                         |
|----|-------------------------|
| 00 | Not Applicable          |
| 01 | 1 Semi Trailer          |
| 02 | 1 Semi + 1 Full Trailer |
| 03 | 1 Full Trailer          |
| 04 | 2 Full Trailers         |
| 05 | 3 Trailers              |
| 06 | Automobile              |
| 07 | Utility Trailer         |
| 08 | Boat Trailer            |
| 09 | Camper                  |
| 10 | Travel/Home Trailer     |
| 11 | Mobile Home             |
| 12 | Farm Equipment          |
| 88 | Other                   |
| 99 | Unknown                 |

|                        |    |
|------------------------|----|
| YEAR & MAKE of VEHICLE | 85 |
|------------------------|----|

## 85 YEAR & MAKE of VEHICLE

Record the MODEL YEAR as shown on the vehicle registration. Record the VEHICLE MAKE (name of the vehicle manufacturer) or the NCIC abbreviation of 4 characters.

Examples of NCIC codes for the more common makes of vehicles are shown on the following page. Most, but not all, NCIC vehicle make codes are the first 4 letters of the name of the make.

### NCIC CODES FOR COMMON AUTOMOBILE MAKES

|                      |                    |
|----------------------|--------------------|
| ACUR Acura           | MAZD Mazda         |
| AMER American Motors | MERZ Mercedes-Benz |
| AUDI Audi            | MERC Mercury       |
| BMW BMW              | MTS Mitsubishi     |
| BUIC Buick           | NISS Nissan        |
| CADI Cadillac        | OLDS Oldsmobile    |
| CHEV Chevrolet       | PLYM Plymouth      |
| CHRY Chrysler        | PONT Pontiac       |
| DATS Datsun          | PORS Porsche       |
| DODG Dodge           | RENA Renault       |
| FIAT Fiat            | SUBA Subaru        |
| FORD Ford            | TOYT Toyota        |
| HOND Honda           | VOLK Volkswagen    |
| HYUN Hyundai         | VOLV Volvo         |
| LINC Lincoln         |                    |

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated. This is not an edited field since the NCIC code listing is extensive.

|       |    |
|-------|----|
| MODEL | 06 |
|-------|----|

## 86 MODEL

Record the model name or number as specified on the registration document (if shown) or on the vehicle.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

## 87 1st IMPACT PT

Enter the code for the most specific location possible to determine for the first point of impact. This applies whether the vehicle in question struck another vehicle or object or was *struck by* another vehicle. The code set is on the underside of the coding overlay.

The codes for impact points and damage location areas are the same and are contained in the following set:

|                             |                            |
|-----------------------------|----------------------------|
| 01 Front Left               | 13 Left Side 3rd Quarter   |
| 02 Front Right              | 14 Left Side 2nd Quarter   |
| 03 Front Right Corner       | 15 Left Side Front Quarter |
| 04 Right Side Front Quarter | 16 Front Left Corner       |
| 05 Right Side 2nd Quarter   | 17 Hood                    |
| 06 Right Side 3rd Quarter   | 18 Roof/Top                |
| 07 Right Side Rear Quarter  | 19 Trunk                   |
| 08 Rear Right Corner        | 20 Windshield              |
| 09 Rear Right               | 21 Windows                 |
| 10 Rear Left                | 22 Underside               |
| 11 Rear Left Corner         | 23 Overtum (overall)       |
| 12 Left Side Rear Quarter   |                            |

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|    |    |     |     |    |    |                   |
|----|----|-----|-----|----|----|-------------------|
| 03 | 04 | 05  | 06  | 07 | 08 | 00 Not Applicable |
| 02 | /  | —   | /   | —  | \  | 20 Windshield     |
| 01 | \| | 17: | :   | 19 | \| | 21 Windows        |
| 16 | \  | :   | 18: | :  | /  | 22 Underside      |
|    | 15 | 14  | 13  | 12 | 11 | 23 Overtum        |
|    |    |     |     |    |    | 88 Other          |
|    |    |     |     |    |    | 99 Unknown        |



## 88 Main Impact

Using the same code reference for the # 87 element, specify the main impact point (often the same as the first impact point).

The codes for impact points and damage location areas are the same and are displayed on the previous page.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

The HELP screen for impact points and damage location areas is the same:

|             |   |     |    |                   |    |   |   |    |               |
|-------------|---|-----|----|-------------------|----|---|---|----|---------------|
| 04 05 06 07 |   |     |    | 00 Not Applicable |    |   |   |    |               |
| 03          | / | —   | /  | —                 | \  | — | \ | 08 | 20 Windshield |
| 02 | \| | 17: |    | :                 | 19 | \| |  | 09 | 21 Windows    |
| 01 | \| | : | 18 | : |  | \| |  | 10 | 22 Underside  |
| 16          | \ | —   | \  | —                 | /  | — | / | 11 | 23 Overturn   |
|             |   | 15  | 14 | 13                | 12 |   |   |    | 88 Other      |
|             |   |     |    |                   |    |   |   |    | 99 Unknown    |

|                          |  |  |    |
|--------------------------|--|--|----|
| EXP YR & REGISTR # STATE |  |  |    |
|                          |  |  | 89 |

## 89 YR REGISTRATION # & STATE

Specify the year of expiration as shown on the registration document (first preference) or as shown on the license plate or validation sticker. If the vehicle has no license plate, write "NONE" in the block.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

| AREAS DAMAGED |  |  |    |
|---------------|--|--|----|
|               |  |  | 90 |

## 90 AREAS DAMAGED

Enter up to three of the most appropriate codes to indicate the area(s) damaged using the same code references for the # 87 and # 88 data elements.

The codes for impact points and damage location areas are the same and are displayed in the reference style shown below.

A **range of damage** can be shown by identifying the beginning and ending points in the first and last parts (2-digit sets) and placing dashes in the middle. For example, if the entire right side of the vehicle is damaged, the entries would be "03 -- 08".

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|    |   |     |    |    |    |   |    |                   |
|----|---|-----|----|----|----|---|----|-------------------|
| 03 | / | 04  | 05 | 06 | 07 | \ | 08 | 00 Not Applicable |
| 02 | \| | 17: |    | :  | 19 | \| | 09 | 20 Windshield     |
| 01 | \| | : | 18 | : |  | \| | 10 | 21 Windows        |
| 16 | \ | 15  | 14 | 13 | 12 | / | 11 | 22 Underside      |
|    |   |     |    |    |    |   |    | 23 Overturn       |
|    |   |     |    |    |    |   |    | 88 Other          |
|    |   |     |    |    |    |   |    | 99 Unknown        |

|         |    |
|---------|----|
| Insurer | 91 |
|---------|----|

## 91 Insurer

Enter the name of the automobile insurer (not the agent) as indicated by documents shown to you or according to the driver or owner's statement. If there is no insurance coverage, write "NOT INSURED."

NOTE: Recording this information is optional according to the policies of your department.

↑ Reporting Data Entry ↓

This element is not recorded in the Data Entry System.

|                   |    |
|-------------------|----|
| VEHICLE ID NUMBER | 92 |
|-------------------|----|

## 92 VEHICLE ID NUMBER (VIN)

Copy the full number from the VIN plate on the vehicle (showing through the lower part of the windshield on vehicles manufactured since the late 1960's) as the preferred source of this information. Copy the VIN from the registration form if direct observation is not a reasonable method of observing the VIN.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|               |    |
|---------------|----|
| Policy Number | 93 |
|---------------|----|

### 93 Policy Number

Record the insurance policy number if available.

NOTE: Recording this information is optional according to the policies of your department.

↑ Reporting Data Entry ↓

This element is not recorded in the Data Entry System.

## 94 DAMAGE EXTENT

Enter one code for the vehicle damage. Notice that the higher code numbers reflect progressively greater damage. The first 3 definitions are from the Manual on Classification of Motor Vehicle Accidents:

Superficial or Minor: Superficial or minor damage is harm to property that reduces the monetary value of that property.

Functional: Functional damage is any road vehicle damage, other than disabling damage, which affects operation of the road vehicle or its parts.

Disabling: Disabling damage is road vehicle damage which precludes departure of the vehicle from the scene of the accident in its usual operating manner by daylight after simple repairs.

Destroyed: Salvage is not possible or reasonable. Excludes damage which may not be feasible only for economic reasons.

↑ Reporting      Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|                   |
|-------------------|
| 00 Not Applicable |
| 01 No Damage      |
| 02 Superficial    |
| 03 Functional     |
| 04 Disabling      |
| 05 Destroyed      |
| 88 Other          |
| 99 Unknown        |

|                    |    |
|--------------------|----|
| Vehicle Removed By | 95 |
|--------------------|----|

## 95 Vehicle Removed By

Identify who removed the vehicle (short name of towing service, "owner", "friend," etc.) when a vehicle is removed by a means other than being driven away. If the vehicle was not towed, enter "NOT TOWED."

NOTE: Effective January 1, 1994, this block is required for all commercial vehicle accidents according to the National Governor's Association data elements.

↑ Reporting Data Entry ↓

This element is not recorded in the Data Entry System.



Vehicle Removed To

96

## 96 Vehicle Removed To

Briefly identify the destination for the vehicle when it is removed as indicated above.

NOTE: Effective January 1, 1994, this block is required for all commercial vehicle accidents according to the National Governor's Association data elements.

↑ Reporting Data Entry ↓

This element is not recorded in the Data Entry System.

## PASSENGER & INJURY DATA

| Traf.<br>Unit #                      | Seat<br>Positn | CODE all injured & unin/<br>WRITE NAME & ADDRESS |
|--------------------------------------|----------------|--------------------------------------------------|
| 97                                   | 98             |                                                  |
| //////////////////////////////////// |                |                                                  |
| //////////////////////////////////// |                |                                                  |
|                                      |                |                                                  |
|                                      |                |                                                  |

| ass telephone #.                     | SEX | AGE | SAFTY<br>EQUIP | EQUIP<br>PROB. | INJUR<br>SEVER | EJEC-<br>TION | EMS<br>UNIT |
|--------------------------------------|-----|-----|----------------|----------------|----------------|---------------|-------------|
| 99                                   | 100 | 101 | 102            | 103            | 104            | 105           | 106         |
| //////////////////////////////////// |     |     |                |                |                |               |             |
| //////////////////////////////////// |     |     |                |                |                |               |             |
|                                      |     |     |                |                |                |               |             |
|                                      |     |     |                |                |                |               |             |

Lines are provided to accommodate multiple persons per basic form: passengers (the primary concern) and witnesses. Unless there is a good reason to do otherwise, record all passengers from Vehicle 1 first, all passengers from Vehicle 2 next, and so on. When recording witnesses, skip all blocks except for the NAME & ADDRESS block, and be sure to include a telephone number (when available) for listed witnesses.

|                   |
|-------------------|
| Traffic<br>Unit # |
| 97                |

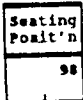
## 97 TRAFFIC UNIT

Identify the vehicle (traffic unit) with which each *passenger* is associated. The identification, injury, and restraint use information about drivers and pedestrians is not to be included in this section because it will have been covered within the Traffic Unit columns.

See: TRAFFIC UNITS, page 69

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.



## 98 SEAT POSITION

Enter the code that shows the seating positions of vehicle passengers. Use code 01 (Driver/-Motorcycle Operator) seat only for passengers sitting *in* or *on* the same seat as the driver or operator. When using the same code more than once to indicate multiple persons in the same seat, list the direct seat occupant first and those on laps next.

Do not record again in the passenger area any information on drivers or motorcycle operators because the information on them is covered completely in the Traffic Unit area, and entering them again in the passenger area might result in a duplication if the repetition is not detected and corrected.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|                       |
|-----------------------|
| 00 Not Applicable     |
| 01 Driver/MC Oper/Lap |
| 02 Center Front Seat  |
| 03 Right Front Seat   |
| 04 Left Rear/MC Pass  |
| 05 Center Rear Seat   |
| 06 Right Rear Seat    |
| 07 Other In Veh.      |
| 08 Cargo Area         |
| 09 Outside Vehicle    |
| 88 Other              |
| 99 Unknown            |

|                                                                                                                                                                |                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| CODE all injured & uninjured PASSENGERS below. Use "W" for witness in TRAF UNIT and SEAT columns.<br>WRITE NAME & ADDRESS of injured Passengers and Witnesses. | Witness telephone #. |
| 99                                                                                                                                                             |                      |

## 99 NAME & ADDRESS

Record personal identifications of passengers and witnesses as completely as possible.

↑ Reporting Data Entry ↓

This element is not recorded in the Data Entry System.

|     |
|-----|
| SEX |
| 100 |

## 100 SEX

Enter the code that identifies the sex of the listed person.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|            |
|------------|
| 01 Male    |
| 02 Female  |
| 99 Unknown |

|     |
|-----|
| AGE |
| 101 |

## 101 AGE

Enter the age in years, using 3 numerals, as indicated on the Quick Reference instructions on age for Blocks 55 and 101. "000" is the correct entry for children less than 1 year of age, and "999" is the correct entry for an unknown age. (This field is not a code but a numeric value.)

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.



## 102 SAFETY EQUIPMENT USE

Enter the most appropriate code that describes the use of (or failure to use) safety equipment. (This instruction also applies to Traffic Unit block 61.)

**SPECIAL NOTE ON SAFETY EQUIPMENT USE:** It is often impossible for police to determine safety equipment use for occupants who have exited or been removed from vehicles prior to their arrival. Indicate "Unknown" (code 99) for any category of safety equipment use or misuse for which you have no evidence upon which to base another answer.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|                            |
|----------------------------|
| 00 Not Applicable          |
| 01 None                    |
| 11 Lap Belt Only           |
| 12 Shoulder Belt Only      |
| 13 Shoulder/Lap Belt(s)    |
| 14 Child/Youth Restraint   |
| 21 MC/Bike Helmet          |
| 22 MC/Bike Eye Shield Only |
| 23 MC/Bike Helmet & Shield |
| 31 Air Bag (ONLY)          |
| 32 Air Bag & Belt(s)       |
| 88 Other                   |
| 99 Unknown                 |



## 103 EQUIPMENT PROBLEM

A major concern pertains to the use and performance of restraints and problems which may arise from misuse or failure of devices available. This element is a companion to the previous block and needs to be answered in every instance.

Child and youth seats are now subject to federal safety standards, but none of the different types are certified as effective unless used as designed. It is important to identify modes or types of misuse to correct such problems to the extent possible.

Select the code which correctly applies to either adult or child systems.

When a restraint is not used, though present, the failure to use that equipment will be reflected in the Safety Equipment Use code.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|    |                              |
|----|------------------------------|
| 00 | Not Applicable               |
|    | <u>Adult/Youth Restraint</u> |
| 01 | No Misuse                    |
| 11 | Belts/Anchors Broke          |
| 13 | Belt(s) Misused              |
| 31 | Air Bag Failed               |
|    | <u>Child Restraint</u>       |
| 42 | Facing Wrong Way             |
| 43 | Not Anchored Right           |
| 44 | Anchor Not Secure            |
| 45 | Not Strapped Right           |
| 46 | Strap/Tether Loose           |
| 47 | Size/Type Improper           |
| 88 | Other                        |
| 99 | Unknown                      |



## 104 INJURY SEVERITY

Enter the most appropriate code for the injury observed at the scene of the accident or as reported by EMS providers.

### INJURY CODES WITH DEFINITIONS

The code letters were selected to suggest the general extent of injury observed. The definitions on the following page are taken from the Manual on Classification of Motor Vehicle Traffic Accidents, American National Standard D16.1-1989.

The Accident Classification Manual gives examples and lists exclusions for some of the definitions.

- 01 Not injured/not known: No injury was evident, or the person in question departed from the scene (but was not transported by EMS as an injured person).
- 02 Possible Injury: A possible injury is any injury reported or claimed which is not a fatal injury, incapacitating injury, or non-incapacitating evident injury.
- 03 Injury, not incapacitating: A nonincapacitating evident injury is any injury, other than a fatal injury or an incapacitating injury, which is evident to observers at the scene of the accident in which the injury occurred.
- 04 Disabled (incapacitating): An incapacitating injury is any injury, other than a fatal injury, which prevents the injured person from walking, driving, or normally continuing the activities he was capable of performing before the injury occurred.
- 05 Fatal: A fatal injury is any injury that results in death.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|                    |
|--------------------|
| 01 Not Injured     |
| 02 Possible Injury |
| 03 Injured         |
| 04 Disabled        |
| 05 Fatal           |



## 105 EJECTION

Enter the most appropriate code for the ejected or trapped condition at the time of the accident.

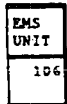
↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|                        |
|------------------------|
| 00 Not Applicable      |
| 01 Not Ejected/Trapped |
| 02 Fully Ejected       |
| 03 Partially Ejected   |
| 04 Trapped             |
| 88 Other               |
| 99 Unknown             |

## EMS DATA

EMS (Emergency Medical Services) Units responding to the accident and transporting victims, if any, are identified in the bottom section of the report form and associated with persons involved in the accident by association with the EMS Unit's assigned letter code. It is necessary to consider EMS unit and victim transport together to record this information properly.



## 106 EMS Unit

Before an entry can be made in this block, you must first identify the name and/or number (vehicle registration or prominently printed EMS vehicle number) of the Emergency Medical Services (EMS) unit(s) transporting victims, block 107 for each EMS vehicle. After that, use A (or B or some other appropriate EMS vehicle indicator) in EMS Unit block 49 or 106 to indicate which EMS unit transported each injured person taken from the accident scene. If more than 2 EMS Units are involved to transport injured persons from the same accident, continue the lettering sequence (C D, etc.) on your continuation sheet or additional MAARS form(s) as needed to complete the EMS vehicle information.

EMS units are identified in two places: they are *described* on the last line of the MAARS Report Form and then linked with the persons transported.

If no EMS Units were involved, draw a distinct line through the blocks in EMS Unit line at the bottom (and use code 00) in the EMS Unit blocks for drivers and passengers.

↑ Reporting Data Entry ↓

Use the information entered by the officer to match with the entry blocks provided for EMS Units A, B, C, and D. If more than 4 EMS Units need to be recorded, Units A, B, C, and D of Form 2 will correspond with *reported* units E, F, G, and H.



## 107 EMS UNIT

A preprinted letter code is applied to the first 2 EMS units that may respond to an accident. That information appears in the EMS Unit box, and this is the letter code to use in associating any transported person with the EMS unit providing the service.

When more than 2 EMS units transport victims from the same accident, it will be necessary to complete information on the additional EMS units and to label those additional units as C, D, etc. The additional information may be recorded on a continuation sheet or on an additional accident report form. When an additional accident report form is used, it is necessary to cross out the pre-printed accident case number and overwrite that field with the accident case number from Page 1 of the report.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|                   |     |
|-------------------|-----|
| INJURED TAKEN BY: | 108 |
|-------------------|-----|

## 108 INJURED TAKEN BY

Identify the EMS providers or transporters (2 units per form). Include all resources used for emergency transportation of the injured (including private automobiles).

If EMS transportation was refused, write "REFUSED" in the block.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

|                   |     |
|-------------------|-----|
| INJURED TAKEN TO: | 109 |
|-------------------|-----|

## 109 INJURED TAKEN TO

Identify the destinations for each of the EMS transporters.

↑ Reporting Data Entry ↓

This element is not recorded in the Data Entry System.



|                         |
|-------------------------|
| EMS Run Report #<br>110 |
|-------------------------|

## 110 EMS Run Report #

When it is possible to obtain the EMS Run Report number (generally the EMS equivalent to an accident report number) from the EMS provider, record that number. This procedure will facilitate EMS requirements and effectiveness analyses.

↑ Reporting Data Entry ↓

Transcribe exactly the information from the report form into the data entry field illustrated.

## **THE QUICK REFERENCE INSTRUCTIONS**

The following 4 pages reproduce the instructions extracted from this manual and printed on the heavy gauge forms separator in the MAARS report forms package.

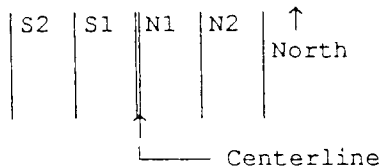
## QUICK REFERENCE INSTRUCTIONS

CORRECT TYPES OF ENTRIES FOR MOST OF THE BLOCKS ON THE MAARS REPORT FORM ARE SELF-EXPLANATORY AND ARE DETAILED IN THE *INSTRUCTION AND REFERENCE MANUAL*. THIS GUIDELINE CONTAINS HIGHLIGHTS FROM THE MANUAL FOR BLOCKS THAT REQUIRE SPECIAL INSTRUCTIONS OR ATTENTION.

- 17 **RTE NUM** This is the ROUTE NUMBER of the road the accident occurred on. The correct entry will be contained in the Log Mile Reference Manual in the column under the heading, "RTE NUM". RTE NUM always consists of 2 leading alphabetical characters (the route type) followed by 1 to 4 numerals. Five (5) spaces are provided to enable the numbers for Baltimore City to be included. Always enter leading zeroes any RTE NUM numeric part which is less than 5 numbers. A suffix may be present or absent.

**RTE NUM for INTERSECTIONS** If the accident occurs at an intersection of different road classes and involves vehicles travelling on roads of different classes, use the *highest class* road to determine which road should be listed as the "on" road. Use the *lowest route number* where multiple routes of the same class are marked.

- 19 **LANE** Identify the lane in which the accident occurred. Each road is either Northbound-Southbound with North and South lanes or Eastbound-Westbound with East and West lanes. Using the centerline as the point of orientation, identify lanes outward as (N,E,S,W)1, (N,E,S,W)2, etc. Example:



Special Lanes:

(N,E,S,W) R - Right Turn  
 (N,E,S,W) L - Left Turn  
 (N,E,S,W) A - Acceleration  
 (N,E,S,W) D - Deceleration

Use N (North) and E (East) with Ø (zero) for accident lanes on roads which have no lanes marked or in cases where collisions occur straddling the centerline. (Use the / mark over the 0 (Ø - zero) to distinguish it from a capital O.) Choose one of the following codes for accident locations which are outside of any lane boundaries:

|                              |                         |
|------------------------------|-------------------------|
| (N,E,S,W) S - Shoulder       | (N,E,S,W) X - Crossover |
| (N,E,S,W) O - Off Trafficway | (N,E,S,W) G - Gore      |
| (N,E,S,W) M - Median         |                         |

Special situations: PL - Parking Lot travel lane  
 00 - Any location, on a ramp

- 22 **RAMP NUMBER (Direction)** Enter the appropriate code to indicate either

- 1) 0: a ramp was not involved (and Block 21 is answered "No") -or-
- 2) 1-9: the "from" and "to" directions of travel for the ramp.

NOTE: The coding for this block is self-contained and is different from the standard 2-character numeric code entries that apply throughout the report elsewhere.

If Block 21 is "Yes" (and Block 22 is more than "0") enter the "Not Applicable" character (0) for blocks 27, 28 & 29, MILEPT, DIR, and Distance of Accident from INT-RTE (or draw a line through those 3 blocks).

- 25 **INT-RTE** Enter the INT-RTE (RTE NUM of intersecting road) for every intersection accident and for accidents in which the MILEPT reference refers to an intersecting road. This information follows the same convention as RTE-NUM.
- 26 **INTERSECTING ROAD NAME (or Log Mile Reference Manual Description)** Enter whatever information appears under INTERSECTING ROAD NAME from the Log Mile Reference Manual. A road name is always required for an intersection accident, but for non-intersection accidents another type of feature (structure, entrance, road end, etc.) may be the point of the accident occurrence or the point of reference.

IMPORTANT QUALIFICATION: Use ONLY THE REFERENCE POINTS LISTED IN THE  
LOG MILE REFERENCE MANUAL.

- 27 **MILEPOINT** Enter the milepoint of the reference cited in Block 26. There are no features (intersecting roads or other features) without milepoints in the Log Mile Reference Manual.
- 28 **DIRECTION** Enter the direction (DIR) as shown in the Log Mile Reference Manual. No entry other than that shown in the Log Mile Reference Manual can be correct.
- 29 **ACC LOCATION** Identify 1) *how far* and 2) *in what direction from the reference point* (intersecting road or other feature) the accident occurred. "How far" may be answered in feet or miles-whole or fractions-and checkboxes identify which type of measurement is used. Always show the value of the measurement with a decimal point.

For accidents occurring **within** intersections or **directly at** the location of the feature reference, the distance from the intersection or feature will always be 000.00, and enter "U" in the Direction subfield at the end.

For accidents that did **not** occur **within an intersection** or exactly at the (non-road) reference point, 3 items of information are required:

- 1) **DISTANCE (from Reference Point)** Measure and record to the nearest 100th of your measurement unit the distance from the reference point, and in connection with that entry, check one of the next two boxes to show -
- 2) **FEET or MILES** as the **UNITS OF MEASUREMENT** that apply to the **DISTANCE** entry. Then enter N, E, S, or W to show the -
- 3) **DIRECTION** of the measurement (from the reference point to the accident site). Route directions from the Log Mile Reference Manual MUST be used. The accident location may be in the same or the opposite inventory direction from the point reference in the Manual, but **NO EXCEPTIONS** will be permitted.

Since roads follow topography rather than the compass, portions of the actual road may be perpendicular to the route orientation (or can even double back). That does not affect the basic route direction, however.

- 31 **ACCIDENT DIAGRAMS** The collision diagram is intended to show the location of the Harmful Event 1, the precrash movements or positions of traffic units by arrows leading to that point, identification of the ON road and At road (if any), and the compass direction of north.

Some departments produce extensive and detailed drawings (often to scale) for accident reconstruction and court evidence. Such use is supplemental to the requirements of the basic system. Do not substitute supplemental diagrams for the regular requirements for reporting fatal accidents although they may be made, by local option, in addition to the diagram on the report form.

- 33 **DESCRIBE ACCIDENT** Describe briefly what is in the diagram. Explain what happened, not what led up to the accident. A DESCRIPTION IS ALWAYS REQUIRED. When applicable, the following information needs to be included:

**OBJECT DAMAGED & NATURE OF DAMAGE** - Describe significant non-vehicular object(s) damaged as a result of the accident. Examples to include: non-motor vehicles, pedalcycles, structures or buildings, vegetation, animals, etc. Then, specify the nature of damage: e.g., broken, bent, crushed, burned.

**PROPERTY OWNER NAME & ADDRESS** - Enter the name and address of the owner of the damaged object(s).

**NOTE ON EXTENDED DIAGRAMS AND DESCRIPTIONS:** When additional diagrams, particularly those done precisely to scale, and more extended narrative are required for special needs (detailed investigations of fatal accidents and accident reconstructions), send copies of these supplementary documents to the Maryland State Police at the following address:

- 36 **JUNCTION** This element identifies where the Harmful Event 1 occurred with respect to the roadway. "Intersection Related" is not actually a location type but a judgment about the effects of intersections and their traffic controls upon traffic and accident causation. If the accident is deemed to have occurred as a result of backed up traffic from an intersection (presumably at a non-intersection location), the junction relationship is "03 Intersection Related."

Any accident which does not occur within an intersection and in which Block 40 (Veh-to-Veh Collision Type) is coded 11 (Straight Movement Angle or 90° Collision) must be coded, by policy, as 04-Driveway Access.

- 40 **VEH-VEH COLLISION TYPE** Use the code that best describes the vehicle-to-vehicle movement directions when the Harmful Event category is "01 (Collision With) Other Motor Vehicle." The movement direction of a vehicle is usually, but not necessarily the same as the orientation direction of the vehicle. A Head On collision type (→←) would be the correct answer for one vehicle going forward and striking another vehicle backing. The damage resulting from such a collision would be consistent with a typical Same Direction Rear End accident, but the movement directions would make the difference for this example.

The codes for this element consist of simple sketches of vehicle-to-vehicle interactions that match the codes and values to be used. If the Harmful Event category is anything other than "01 (Collision With) Other Motor Vehicle," the correct answer for VEH-VEH COLLISION TYPE is "00 - Not Applicable" or "17 Single Vehicle."

NOTE: The codes for Collision With Other Motor Vehicle, for Accident Location, and for Vehicle Maneuvers (in the lower part), must be mutually agreeable and consistent with the Collision Diagram to be acceptable.

- 55 **AGE (also Block 101)** Record the age of the PED or passenger. This field provides 3 positions to eliminate any possible confusion on how to record the ages of persons 100 years old or over. The age of an infant less than 1 year old is "000". A faint zero appears in the first segment of this block; that will be enough for the first segment in most cases; write "1" prominently over the zero when recording ages of 100 or more.
- 61 **SAFETY EQUIPMENT USED (also Block 102)** Enter the most appropriate code that describes the driver's use of (or failure to use) safety equipment. (This instruction also applies to Passenger and Injury Data block 102.)
- 62 **EQUIPMENT PROBLEM (also Block 103)** Enter the most appropriate code that describes the misuse (or failure) of safety equipment. (Codes for Block 103 have been extended to include Child/Youth Restraint misuse.)
- 66 **DIRECTION GOING** Enter the code that describes the ROUTE DIRECTION for the road (rather than the compass direction of the vehicle path) and the vehicles direction on the road. Only 01 North or 02 South are valid answers for North-South routes, and only 03 East or 04 West are valid answers for East-West routes as shown in the Log Mile Reference Manual. This and the next element are paired; they are not generally meaningful unless answered together correctly.
- 70 **(DIRECTION) CONTINUING** Enter the code that identifies the intended continuing direction. When combined with the previous data element, turning movements of vehicles can be clearly identified (when applicable) without regard to their compass or roadway orientations and they coincidentally provide roadway orientations. Example: Going North and Continuing East indicates a right turn. Three other Going-Continuing combinations indicate the same maneuver. These two data elements help refine the information provided by the MOVEMENT code.
- 71 **DATE OF BIRTH** Enter the date of birth in standard Month/Day/Year sequence. When a date of birth occurs in the previous century, be certain to enter the full description of the year in the upper parts of the spaces for the year.

Example:

|                      |   |   |   |   |                 |
|----------------------|---|---|---|---|-----------------|
| Driver Date of Birth |   |   |   |   |                 |
| 0                    | 4 | 1 | 4 | 9 | 5 <sup>71</sup> |

04141895 (MM/DD/YYYY)

- 75 **BODY TYPE** Enter the code which describes the vehicle body type. An example of "other" (88) would be "homemade." Notice that there is an additional Body Type field for Commercial Vehicles. The codes for that block (78) are different.

SPECIAL CONDITION: Commercial Vehicle

- 78 **(COMMERCIAL) BODY TYPE** Enter the code which most correctly describes the commercial vehicle body type. Be sure to use the codes for block 78 instead of those which apply to all vehicles in block 75.

- 81 **OWNER OR CARRIER NAME** Enter "SAME" for the owner name and address if the driver is the owner and the vehicle is not a commercial vehicle. Otherwise, enter the owner's identification from the registration document following the general instructions for recording driver and pedestrian personal identification.

SPECIAL CONDITION: Commercial Vehicle

Enter the CARRIER—corporate (business)—NAME of the organization or person either leasing or operating a commercial vehicle (not the person or organization leasing the truck to another).

- 82 **CONTRIBUTING CIRCUMSTANCE #1, #2, #3 & #4** Four (4) boxes provide for your opinion as a police officer concerning the factors that contributed to the accident. Up to 4 codes (shown on the underside of the coding overlay) may be specified for each traffic unit.

The code options for Contributing Circumstances are divided into the following four categories:

- 1) Driver, Pedestrian, or Cyclist Condition or Actions
- 2) Environment Effects,
- 3) Vehicle Defects, and
- 4) Road Condition.

Enter as many of the codes within each category, up to 4 for each traffic unit, as you believe apply to the driver or pedestrian affected.

NOTES

|        |          |
|--------|----------|
| County | Municip. |
|        |          |

# CONTENTS OF THE CODING OVERLAY

## TOP SIDE

UNIVERSAL ACCIDENT CODES: 00 Not Applicable 88 Other 99 or UU Unknown

|                      |                                       |    |                             |    |                               |
|----------------------|---------------------------------------|----|-----------------------------|----|-------------------------------|
| 16                   | ROAD CHARACTER                        | 39 | FIXED OBJECT STRUCK         | 57 | Getting On/Off Vehicle        |
| 01                   | Straight & Level                      | 01 | Bridge-Overpass             | 58 | Push/Work on Vehicle          |
| 02                   | Straight & Grade                      | 02 | Building                    | 59 | Other Working                 |
| 03                   | Straight & Hillcrest                  | 03 | Culvert-Ditch               | 60 | Hitchhiking                   |
| 04                   | Curve & Level                         | 04 | Curb                        | 61 | Approach/Leave School Bus     |
| 05                   | Curve & Grade                         | 05 | Guardrail-Barrier           |    |                               |
| 06                   | Curve & Hillcrest                     | 06 | Embankment                  | 51 | CONDITION                     |
| 07                   | On Bridge                             | 07 | Fence                       | 01 | Apparently Normal             |
|                      |                                       | 08 | Light Support Pole          | 02 | Had Been Drinking             |
| 19                   | IN LANE:                              | 09 | Sign Support Pole           | 03 | Using Drugs                   |
| Direction (Pos. 1)   |                                       | 10 | Other Pole                  | 04 | Physical Defects              |
| N North              |                                       | 11 | Tree-Shrubby                | 05 | Other Handicaps               |
| E East               |                                       | 12 | Construction Barrier        | 06 | Ill                           |
| S South              |                                       | 13 | Crash Attenuator            | 07 | Fatigued                      |
| W West               |                                       |    |                             | 08 | Apparently Asleep             |
| P Parking            |                                       | 40 | COLLISION TYPE (Veh-to-Veh) | 52 | SUBSTANCE DETECTED            |
| Number (Pos. 2)      |                                       |    |                             | 01 | No Substance Detected         |
| # (Lane #: 0 thru 9) |                                       |    |                             | 11 | Alcohol Present               |
| R Right Turn         |                                       |    |                             | 12 | Illegal Drug Present          |
| L Left Turn          |                                       |    |                             | 13 | Medication Present            |
| A Acceleration       |                                       |    |                             | 14 | Combined Subst. Present       |
| D Deceleration       |                                       |    |                             | 21 | Alcohol Contributed           |
| S Shoulder           |                                       |    |                             | 22 | Illegal Drug Contributed      |
| X Crossover          |                                       |    |                             | 23 | Medication Contributed        |
| O Off road           |                                       |    |                             | 24 | Combination Contributed       |
| G Gore               |                                       |    |                             |    |                               |
| M Median             |                                       |    |                             | 53 | TEST ADMINISTERED             |
| L (Parking) Lot      |                                       |    |                             | 01 | Test (s) Refused              |
| 24                   | ROAD CONDITION                        |    |                             | 02 | Positive Prelim. Test         |
| 01                   | No Defects                            |    |                             | 03 | Evidence Test Given           |
| 02                   | Shoulder Defect                       |    |                             |    |                               |
| 03                   | Holes, Ruts, Etc.                     | 41 | LIGHT                       | 56 | PED TYPE                      |
| 04                   | Foreign Material                      | 01 | Daylight                    | 01 | Pedestrian                    |
| 05                   | Loose Surface Material                | 02 | Dawn or Dusk                | 02 | Bicyclist                     |
| 06                   | Obstruction Not Lighted               | 03 | Dark: Street Lights On      | 03 | Other Pedalcyclist            |
| 07                   | Obstruct. Not Signaled                | 04 | Dark: No Street Lights      | 04 | Rider of animal               |
| 08                   | View Obstructed                       |    |                             | 05 | In animal-drawn vehicle       |
|                      |                                       |    |                             | 06 | Machine operator/rider        |
| 0                    | ROAD DIVISION                         | 42 | WEATHER                     | 07 | Other Conveyance              |
| 01                   | Not Divided                           | 01 | Clear or Cloudy             |    |                               |
| 02                   | One Way Road or Street                | 02 | Foggy                       | 57 | PED LOCATION                  |
| 03                   | Divided: Median Strip without Barrier | 03 | Raining                     | 01 | Shoulder                      |
| 04                   | Divided: Median Strip with Barrier    | 04 | Snow or Sleet               | 02 | Curb                          |
|                      |                                       | 05 | Severe winds                | 03 | Sidewalk                      |
|                      |                                       |    |                             | 04 | Outside Right of Way          |
| 34                   | SURFACE CONDITION                     | 45 | SEX                         | 05 | On Roadway at Crosswalk       |
| 01                   | Wet                                   | 01 | Male                        | 06 | On Roadway Not at Crswlk      |
| 02                   | Dry                                   | 02 | Female                      | 07 | In School Bus Zone            |
| 03                   | Snow                                  |    |                             | 08 | In Bikeway                    |
| 04                   | Ice                                   | 48 | INJURY                      |    |                               |
| 05                   | Mud                                   | 01 | Not injured/not known       | 58 | PED OBEDIENCE                 |
|                      |                                       | 02 | Possible injury             | 01 | No pedestrian signal          |
| 36                   | JUNCTION RELATIONSHIP                 | 03 | Inj.—not incapacitated      | 02 | Obedyed pedestrian signal     |
| 01                   | Non-intersection                      | 04 | Disabled (Incapacitated)    | 03 | Disobeyed pedestrian signal   |
| 02                   | Intersection                          | 05 | Fatal                       | 04 | Pedestrian signal malfunction |
| 03                   | Intersection Related                  |    |                             |    |                               |
| 04                   | Driveway Access                       | 50 | MOVEMENT                    | 59 | PED VISIBILITY                |
| 37                   | HARMFUL EVENT - 1                     |    |                             | 01 | Light Clothing                |
| 38                   | HARMFUL EVENT - 2                     |    |                             | 02 | Dark Clothing                 |
|                      | Collision With:                       |    |                             | 03 | Mixed Clothing                |
| 01                   | Other Motor Vehicle                   |    |                             | 04 | Reflective Material           |
|                      | in Transport                          |    |                             | 05 | Head Light                    |
| 02                   | Parked Motor Vehicle                  |    |                             | 06 | Rear Light Reflector          |
| 03                   | Pedestrian                            |    |                             | 07 | Head Light & Rear Reflect     |
| 04                   | Bicycle                               |    |                             |    |                               |
| 05                   | Other Pedacycle                       |    |                             | 61 | DR SAFETY EQUIP USE           |
| 06                   | Other Conveyance                      |    |                             | 01 | None                          |
| 07                   | Railway Train                         |    |                             | 11 | Lap Belt Only                 |
| 08                   | Animal                                |    |                             | 12 | Shoulder Belt Only            |
| 09                   | Fixed Object                          |    |                             | 13 | Shoulder/Lap Belt (s)         |
| 10                   | Other Object                          |    |                             | 14 | Child/Youth Restraint         |
|                      |                                       |    |                             | 21 | MC/Bike Helmet                |
|                      | Non-Collision:                        |    |                             | 22 | MC/Bike Eye Shield Only       |
| 11                   | Overturn                              |    |                             | 23 | MC/Bike Helmet & Shield       |
| 12                   | Spilled Cargo                         |    |                             | 31 | Air Bag (Only)                |
| 13                   | Jackknife                             |    |                             | 32 | Air Bag & Belt (s)            |
| 14                   | Separation of Units                   |    |                             |    |                               |
| 15                   | Other Non-Collision                   |    |                             | 62 | DR EQUIPMENT PROBLEM          |
| 16                   | Off Road                              |    |                             | 01 | No Misuse/Problem (Use OK)    |
| 17                   | Downhill Runaway                      |    |                             | 11 | Belt (s) Anchor (s) Broke     |
| 18                   | Explosion or Fire                     |    |                             | 13 | Belt (s) Misused              |
|                      |                                       |    |                             | 31 | Air Bag Failed to Deploy      |

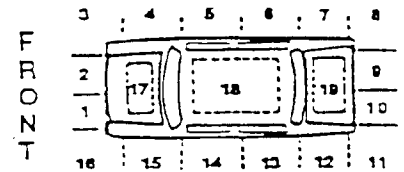
# UNDERSIDE

- 63 DR EJECTION  
01 Not ejected: not trapped  
02 Fully Ejected  
03 Partially Ejected  
04 Trapped
- 66/70 (DIRECTION) GOING/CONTINU  
01 North  
02 South  
03 East  
04 West

- 82-1/2/3/4 CONTRIB CIRCUMSTANCE  
Driver/Ped/Cyclist  
01 Under influence of drugs  
02 Under influence of alcohol  
03 Under infl. of medication  
04 Under combined influence  
05 Physical/ment. difficulty  
06 Fall asleep, fainted, etc.  
07 Failed to give full time and attention  
08 Did not comply with license restrictions  
09 Failure to drive within a single lane  
10 Improper right turn on red  
11 Fail: yield right of way  
12 Fail: obey stop sign  
13 Fail: obey traffic sign  
14 Fail: obey oth traffic contr  
15 Fail: keep right of center  
16 Fail: stop for school bus  
17 Wrong way on one way road  
18 Exceeded speed limit  
19 Operator using a cellular telephone  
20 Stopping in lane/roadway  
21 Too fast for conditions  
22 Followed too closely  
23 Improper turn  
24 Improper lane change  
25 Improper backing  
26 Improper passing  
27 Improper signal  
28 Improper parking  
29 Interference/Obstruction by passenger
- Ped/Cyclist ONLY  
31 Illegally in roadway  
32 Bicycle violation  
37 Clothing not visible
- Environment  
41 Smog, smoke  
42 Sleet, hail, freeze, rain  
43 Blowing sand, soil, dirt  
44 Severe crosswinds  
45 Rain, snow  
46 Animal  
47 Vision obstruction (incl. blinded by sun or lights)
- Vehicles  
51 Brakes  
52 Tires  
53 Steering  
54 Lights  
55 Windows/windshield  
56 Wheel (s)  
57 Trailer coupling  
58 Cargo  
59 Engine trouble
- Road  
61 Wet  
62 Icy or slushy  
63 Debris or obstruction  
64 Ruts, holes, bumps  
65 Road under const/maint.  
66 Traffic control device inoperative  
67 Shoulders low, soft, high

- 84 (VEH) TOWED VEHICLES  
01 1 Semi Trailer  
02 Semi - 1 Full Trailer  
03 1 Full Trailer  
04 2 Full Trailers  
05 3 Trailers  
06 Automobile  
07 Utility Trailer  
08 Boat Trailer  
09 Camper  
10 Travel/Home Trailer  
11 Mobile Home  
12 Farm Equipment

87/88 FIRST/MAIN IMPACT PTS  
90 (VEH) AREAS DAMAGED



- 17 Hood  
18 Roof/Top  
19 Truck  
20 Windshield  
21 Windows  
22 Underside  
23 Overturn (overall)

- 94 (VEH) DAMAGE EXTENT  
01 No Damage  
02 Superficial or Minor  
03 Functional  
04 Disabling  
05 Destroyed

- 98 SEAT POSITION  
01 Driver/MCycle Operator  
02 Center Front Seat  
03 Right Front Seat  
04 Left Rear/MC Passenger  
05 Center Rear Seat  
06 Right Rear Seat  
07 Other Seat IN Vehicle  
08 In Cargo Area  
09 OUTSIDE Vehicle

- 100 SEX  
01 Male  
02 Female

- 102 SAFETY EQUIPMENT USE  
01 None  
11 Lap Belt Only  
12 Shoulder Belt Only  
13 Shoulder/Lap Belt (s)  
14 Child/Youth Restraint  
21 MC/Bike Helmet  
22 MD/Bike Eye Shield Only  
23 MC/Bike Helmet & Shield  
31 Air Bag (Only)  
32 Air Bag & Belt (s)

- 103 EQUIPMENT PROBLEM  
Adult/Youth Restraint  
01 No Misuse/Problem (Use OK)  
11 Belt (s) Anchor (s) Broke  
13 Belt (s) Misused  
31 Air Bag Failed to Deploy  
Child Restraint  
42 Facing Wrong Way  
43 Not anchored Right  
44 Anchor Not Secure  
45 Not Strapped Right  
46 Strap/Tether Loose  
47 Size/Type Improper

- 104 PASS INJURY SEVERITY  
01 Not injured/not known  
02 Possible injury  
03 Inj.-not incapacitated  
04 Disabled (Incapacitated)  
05 Fatal

- 105 EJECTION  
01 Not ejected; not trapped  
02 Fully Ejected  
03 Partially Ejected  
04 Trapped



## INDEX OF BLOCK LABELS AND KEY TERMS

### 1

1stImpact Pt (68), (116)

### A

Accident Date (17)

Accident Time (18)

Address (No., Street, City, State, Zip) (68), (74)

Age (4), (8), (68), (82), (126), (131), (145)

Agency and Area (25)

AREAS DAMAGED (8), (68), (119)

### B

BAC (8), (81)

Body Ty (68), (102), (103), (106)

Body type (102), (106), (146)

### C

C/MZone (55)

CDL? (8), (68), (103), (107)

CITATION NUMBER(S) (68), (86), (91)

Class (3), (8), (36), (59), (68), (96), (143)

Code - and - Name of Municipality (30)

Coll Ty (65)

COMMERCIAL VEHICLE (103), (106), (109), (112), (146)

Condition (10), (25), (43), (54), (66-68), (78), (90), (99), (109-111), (135), (146)

Conditn (68), (78)

Continu (68), (97)

County (1), (2), (7), (11), (25-27), (33), (36), (146)

### D

Dam Ext (68), (123)

DESCRIBE ACCIDENT (53), (144)

DIAGRAM (3), (51-53), (65), (69), (144), (145)

DIR (7), (11), (35), (37), (41), (44), (46-49), (65), (143), (144)

Dist. of Acc fr INT-RTE/Ref.& Dir. (48), (49)

Driver (8), (13), (14), (62), (68), (70-74), (78), (88), (89), (91), (92), (94), (96), (98), (99), (101), (103), (107), (109-111), (120), (128), (145), (146)

Driver Date of Birth (68), (98), (145)

Driver's License Number (68), (94)

## **E**

E Unit (4), (138)  
EJEC (4), (126), (135)  
EJECT (8), (68), (90)  
EMS (4), (5), (8), (10), (13), (14), (18), (68), (75), (76), (126), (134), (136-141)  
EMS Run Report # (141)  
EMS Unit (18), (76), (136-138)  
EQ PROB (68), (89)  
EQUIP (132), (133)  
Event-1 (57)  
Event-2 (63)  
EXP YR & REGISTR # STATE (68), (118)

## **F**

Fault (8), (68), (86), (92)  
First harmful event (60), (62), (108)  
Fix Obj (64)

## **G**

Going (8), (65), (68), (93), (97), (145)

## **H**

Harmful event (51), (56), (57), (60-65), (108), (144), (145)  
Harmful events (60), (61), (64)  
Haz Mat Number (68), (101)  
Hazardous materials (100), (101)  
Hit & Run (3), (5), (19), (69), (99), (150)  
HM Spill (68), (100)

## **I**

ICC Number (68), (103), (105)  
In Intersection (42), (49)  
In Lane (38), (49)  
In transport (3), (5), (58-60), (62), (69), (83), (99), (108), (113)  
Inj (4), (8), (68), (75)  
INJURED TAKEN BY: (139)  
INJURED TAKEN TO: (140)  
Injury (5), (8), (10), (13), (14), (19), (59), (61), (62), (75), (88), (89), (126), (127), (134), (145)  
Insurer (68), (120)  
INT-RTE (35), (37), (41), (44), (46-49), (143)  
INTERSECTING ROAD NAME (37), (44-47), (49), (143)  
Investigating Officer ID (24)  
Irregular Condition (68), (99)

## **J**

Junct'n (56)

## **L**

Legal intervention (62)

Light (7), (11), (58), (64), (66), (69), (86)

Local Case Number (21)

Local Codes (7), (11), (22)

Locat'n (68), (84)

## **M**

Main Impact (68), (117)

MAKES (114)

MILEPT (35), (37), (41), (44), (46), (47), (49), (143)

MODEL (8), (68), (114), (115)

Most HE (68), (108)

Motor vehicle (1), (3), (5), (19), (57-62), (65), (70), (75), (94), (99), (108), (113), (123), (134), (145)

Movement (68), (77)

## **N**

Name (First, Middle, Last) (68), (71)

NORTH: (51), (52)

## **O**

Obey (8), (68), (85), (111)

OBJECT DAMAGED & NATURE OF DAMAGE (53), (144)

On Ramp (40), (49)

OWNER OR CARRIER NAME (68), (109), (146)

OWNER/CARRIER ADDRESS (68), (112)

## **P**

Page of (16)

passenger (4), (6), (8), (10), (13), (14), (16), (88), (89), (111), (126-128), (145)

PASSENGERS (1), (3-5), (8), (10), (16), (76), (83), (126), (128), (129), (137)

Photos (23)

Policy Number (68), (122)

## **R**

Ramp Number (Direction) (41), (49), (143)

Rd Char (34)

Rd Cond (43)  
Rd Div (50)  
Report Number (12), (15), (141)  
Report Type (5), (19)  
Research (7), (11), (20)  
Result (17), (19), (25), (53), (56), (60-62), (68), (81), (100), (128), (144), (145)  
Reviewer ID # (29)  
ROAD NAME (3), (7), (35), (37), (44-47), (49), (143)  
Roadway (56), (58), (84), (97), (111), (145)  
RTE NUM (35), (37), (44), (46), (47), (49), (143)

## S

SAF.EQU (68), (88)  
Safety equipment (88), (89), (132), (133), (145)  
SAFTY (132)  
SEVER (4), (126), (134)  
Sex (4), (8), (68), (72), (126), (130)  
SpLimit (68), (87)  
SrfCond (54)  
State (1), (3), (5), (8), (9), (26), (27), (36), (53), (68), (74), (95), (96), (118), (144), (150)  
STATE ABBREVIATIONS (74), (95)  
Subst (8), (68), (79)  
Substances (79)  
Supervising Officer ID (28)

## T

Test (8), (68), (80), (81)  
Towed Veh(s) (68), (113)  
Traffic (1), (3-6), (10), (13), (16), (19), (39), (51), (56-59), (62), (68-70), (73), (75), (77), (83), (85), (87), (110), (111), (127), (128), (132), (134), (144-146)  
Traffic unit (3), (5), (6), (10), (13), (19), (39), (69), (70), (83), (87), (110), (127), (128), (132), (146)  
Traffic units (1), (3), (5), (6), (10), (13), (16), (51), (68), (69), (73), (127), (144)  
Trafficway (19), (38), (58-60), (62), (143)  
TrafSig (39), (49)  
Type (4-9), (12), (19), (35-37), (44), (45), (48), (50), (56), (61), (62), (65), (68), (70), (73), (83), (87), (133), (143-145)  
Type of Unit (73)

## U

U.S. DOT Number (68), (103), (104)  
Unit # (4), (68), (70), (126), (127)  
Unstabilized situation (62)

## **V**

VEHICLE ID NUMBER (68), (121)

Vehicle Removed By (68), (124)

Vehicle Removed To (68), (125)

VIN (8), (121)

VISIBL (68), (86)

## **W**

Watercraft (59), (62)

Weather (67)

## **Y**

YEAR & MAKE of VEHICLE (68), (114)

## EXAMPLE REPORTS

The following pages contain examples of completed reports which serve as a visual guide for entering data in varying circumstances.

These report types are included:

- ☐ A Single Vehicle Accident
- ☐ A Single Vehicle Hit and Run Accident With a PED Involved
- ☐ A Single Vehicle Accident With a Train
  
- ☐ A Two-vehicle Accident with a Fatality
- ☐ A Two-vehicle Accident Where One Vehicle is Commercial, Towing Multiple Trailers
  
- ☐ A Three-vehicle Accident

Any person or organization wanting to include additional helpful examples is encouraged to append copies of such report forms to the set provided and to share that information with the Maryland State Police Central Records Division for possible dissemination to others. It is recommended that if copies of actual reports are used as examples the names and addresses of involved persons should be masked out.

## STATE OF MARYLAND MOTOR VEHICLE ACCIDENT REPORT

|                   |                   |                  |       |                   |                   |                  |
|-------------------|-------------------|------------------|-------|-------------------|-------------------|------------------|
| INJURED TAKEN BY: | INJURED TAKEN TO: | EMS Run Report # | Unit  | INJURED TAKEN BY: | INJURED TAKEN TO: | EMS Run Report # |
| 100 MEDIC-1       | 100 SHADY GROVE   | 1234             | 120 R | 100               |                   | 1                |

## STATE OF MARYLAND MOTOR VEHICLE ACCIDENT REPORT

Revised 1/2/03



## STATE OF MARYLAND MOTOR VEHICLE ACCIDENT REPORT

|                                                                                                                                                                                                                                        |                            |                                             |                             |                                                               |                       |                                                                                                                                                                                                          |                        |                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------|-----------------------------|---------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------|
| Report Number<br>0001003                                                                                                                                                                                                               | Page of<br>1               | Accident Date<br>01/01/91                   | Accident Time<br>14:00      | Report Type<br>D Fatal<br>S Injury<br>B Property<br>R Traffic | Any Topic<br>ANYTOPIC | Local Case Number<br>00001                                                                                                                                                                               | Local Contact<br>00001 | Page 1 of 1<br>00001 |
| Investigating Officer ID<br>P.O. 1 A.B. JONES                                                                                                                                                                                          | Agency and Area<br>MCPN-21 | Supervising Officer ID<br>M.P.O. D.J. SMITH | Reviewer ID<br>SGT. J. BOND | Code - and - Name of Municipality<br>123, YOUR CITY           | County<br>15          |                                                                                                                                                                                                          |                        |                      |
| Ad Chas<br>01 MD 00118                                                                                                                                                                                                                 | Ad Cond<br>01 UU 99999     | Ad Div<br>01                                | Ad Chas<br>01 MD 00118      | Ad Cond<br>01 UU 99999                                        | Ad Div<br>01          |                                                                                                                                                                                                          |                        |                      |
| Accident Diagram<br>Show & Label: Roads, Traffic Units, the Travel Direction, and Movement of Traffic Units.<br>MD 118<br>[Diagram showing a vehicle on MD 118, with a north arrow pointing up and a right turn arrow pointing right.] |                            |                                             |                             |                                                               |                       | Vehicle (Unit #1) was N/B on MD 118, when it skidded into an E/B Railway Train (Unit #2).                                                                                                                |                        |                      |
| Unit #1<br>Name (First, Middle, Last)<br>JOHN DAVID DOE<br>Address (No., Street, City, State, Zip)<br>1423 N.E. 1ST STREET<br>ANY CITY, MD 20874 (301) 251-1880<br>Tel # Area D Area<br>251-1880                                       |                            |                                             |                             |                                                               |                       | Unit #2<br>Name (First, Middle, Last)<br>BILL ALEXANDER BRAKEMAN<br>Address (No., Street, City, State, Zip)<br>P.O. BOX 666<br>ANY CITY, MD, 20900 (301) 261-1990<br>Tel # Area D Area<br>261-1990       |                        |                      |
| Vehicle #1<br>Year 1984<br>Make OLDS<br>Model REGENCY<br>VIN 1G2123XYZ<br>Color MD 01-03<br>Engine 0405<br>Transmission 0405<br>Drive SELF-ILS.<br>Towing E-Z TOWING<br>Storage E-Z STORAGE<br>Not Towed                               |                            |                                             |                             |                                                               |                       | Vehicle #2<br>Year 1984<br>Make OLDS<br>Model REGENCY<br>VIN 1G2123XYZ<br>Color MD 01-03<br>Engine 0405<br>Transmission 0405<br>Drive SELF-ILS.<br>Towing E-Z TOWING<br>Storage E-Z STORAGE<br>Not Towed |                        |                      |
| Traffic Unit #1<br>Name JANE ELLEN DOE, ADDRESS SAME AS DRIVER<br>Age 03<br>Sex F<br>Height 5'00<br>Weight 120<br>DOB 03/04/89<br>DOB 03/04/89<br>DOB 03/04/89                                                                         |                            |                                             |                             |                                                               |                       | Traffic Unit #2<br>Name JANE ELLEN DOE, ADDRESS SAME AS DRIVER<br>Age 03<br>Sex F<br>Height 5'00<br>Weight 120<br>DOB 03/04/89<br>DOB 03/04/89<br>DOB 03/04/89                                           |                        |                      |

## STATE OF MARYLAND MOTOR VEHICLE ACCIDENT REPORT

[illegible]

## STATE OF MARYLAND MOTOR VEHICLE ACCIDENT REPORT

[illegible]

|                          |  |                              |  |                                                                                                                                            |  |               |  |                                                                                                            |  |          |  |                                       |  |                         |  |                                   |  |                 |  |        |  |
|--------------------------|--|------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------|--|---------------|--|------------------------------------------------------------------------------------------------------------|--|----------|--|---------------------------------------|--|-------------------------|--|-----------------------------------|--|-----------------|--|--------|--|
| Report Number<br>0001005 |  | Page of<br>2                 |  | Accident Date<br>2/2                                                                                                                       |  | Accident Time |  | Report Type<br><input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> PDO |  | Research |  | Local Case Number                     |  | Local Code              |  | Phone                             |  |                 |  |        |  |
| Investigating Officer ID |  |                              |  | Agency and Area                                                                                                                            |  |               |  | Supervising Officer ID                                                                                     |  |          |  | Reviewer ID                           |  |                         |  | Code - and - Name of Municipality |  |                 |  | County |  |
| Ad. Char.                |  | RTX NON Accident Occurred On |  | ROAD NAME                                                                                                                                  |  | 18            |  | In Lane                                                                                                    |  | Traffic  |  | On Ramp                               |  | Ramp Number (Direction) |  | Short Ramp                        |  | In Intersection |  |        |  |
| Ad. Cause                |  | INT-RTX                      |  | INTERSECTING ROAD NAME or Lay Mile Reference (unless described)                                                                            |  | 26            |  | KILLEY                                                                                                     |  | DIR      |  | Dist. of Acc. fr. INT-RTX/Ref. & Dir. |  | 28                      |  | 29                                |  | 30              |  |        |  |
| Ad. Div.                 |  | ACCIDENT DIAGRAM             |  | Show & Label: Tondo, Traffic Units, the Travel Direction consistent with the Lay Mile Reference 31. Manual, and Movement of Traffic Units. |  | 32            |  | 33                                                                                                         |  | 34       |  | 35                                    |  | 36                      |  | 37                                |  | 38              |  |        |  |
| Ad. Cause                |  | 39                           |  | 40                                                                                                                                         |  | 41            |  | 42                                                                                                         |  | 43       |  | 44                                    |  | 45                      |  | 46                                |  | 47              |  |        |  |
| Ad. Cause                |  | 48                           |  | 49                                                                                                                                         |  | 50            |  | 51                                                                                                         |  | 52       |  | 53                                    |  | 54                      |  | 55                                |  | 56              |  |        |  |
| Ad. Cause                |  | 57                           |  | 58                                                                                                                                         |  | 59            |  | 60                                                                                                         |  | 61       |  | 62                                    |  | 63                      |  | 64                                |  | 65              |  |        |  |
| Ad. Cause                |  | 66                           |  | 67                                                                                                                                         |  | 68            |  | 69                                                                                                         |  | 70       |  | 71                                    |  | 72                      |  | 73                                |  | 74              |  |        |  |
| Ad. Cause                |  | 75                           |  | 76                                                                                                                                         |  | 77            |  | 78                                                                                                         |  | 79       |  | 80                                    |  | 81                      |  | 82                                |  | 83              |  |        |  |
| Ad. Cause                |  | 84                           |  | 85                                                                                                                                         |  | 86            |  | 87                                                                                                         |  | 88       |  | 89                                    |  | 90                      |  | 91                                |  | 92              |  |        |  |
| Ad. Cause                |  | 93                           |  | 94                                                                                                                                         |  | 95            |  | 96                                                                                                         |  | 97       |  | 98                                    |  | 99                      |  | 100                               |  | 101             |  |        |  |
| Ad. Cause                |  | 102                          |  | 103                                                                                                                                        |  | 104           |  | 105                                                                                                        |  | 106      |  | 107                                   |  | 108                     |  | 109                               |  | 110             |  |        |  |
| Ad. Cause                |  | 111                          |  | 112                                                                                                                                        |  | 113           |  | 114                                                                                                        |  | 115      |  | 116                                   |  | 117                     |  | 118                               |  | 119             |  |        |  |
| Ad. Cause                |  | 120                          |  | 121                                                                                                                                        |  | 122           |  | 123                                                                                                        |  | 124      |  | 125                                   |  | 126                     |  | 127                               |  | 128             |  |        |  |
| Ad. Cause                |  | 129                          |  | 130                                                                                                                                        |  | 131           |  | 132                                                                                                        |  | 133      |  | 134                                   |  | 135                     |  | 136                               |  | 137             |  |        |  |
| Ad. Cause                |  | 138                          |  | 139                                                                                                                                        |  | 140           |  | 141                                                                                                        |  | 142      |  | 143                                   |  | 144                     |  | 145                               |  | 146             |  |        |  |
| Ad. Cause                |  | 147                          |  | 148                                                                                                                                        |  | 149           |  | 150                                                                                                        |  | 151      |  | 152                                   |  | 153                     |  | 154                               |  | 155             |  |        |  |
| Ad. Cause                |  | 156                          |  | 157                                                                                                                                        |  | 158           |  | 159                                                                                                        |  | 160      |  | 161                                   |  | 162                     |  | 163                               |  | 164             |  |        |  |
| Ad. Cause                |  | 165                          |  | 166                                                                                                                                        |  | 167           |  | 168                                                                                                        |  | 169      |  | 170                                   |  | 171                     |  | 172                               |  | 173             |  |        |  |
| Ad. Cause                |  | 174                          |  | 175                                                                                                                                        |  | 176           |  | 177                                                                                                        |  | 178      |  | 179                                   |  | 180                     |  | 181                               |  | 182             |  |        |  |
| Ad. Cause                |  | 183                          |  | 184                                                                                                                                        |  | 185           |  | 186                                                                                                        |  | 187      |  | 188                                   |  | 189                     |  | 190                               |  | 191             |  |        |  |
| Ad. Cause                |  | 192                          |  | 193                                                                                                                                        |  | 194           |  | 195                                                                                                        |  | 196      |  | 197                                   |  | 198                     |  | 199                               |  | 200             |  |        |  |
| Ad. Cause                |  | 201                          |  | 202                                                                                                                                        |  | 203           |  | 204                                                                                                        |  | 205      |  | 206                                   |  | 207                     |  | 208                               |  | 209             |  |        |  |
| Ad. Cause                |  | 210                          |  | 211                                                                                                                                        |  | 212           |  | 213                                                                                                        |  | 214      |  | 215                                   |  | 216                     |  | 217                               |  | 218             |  |        |  |
| Ad. Cause                |  | 219                          |  | 220                                                                                                                                        |  | 221           |  | 222                                                                                                        |  | 223      |  | 224                                   |  | 225                     |  | 226                               |  | 227             |  |        |  |
| Ad. Cause                |  | 228                          |  | 229                                                                                                                                        |  | 230           |  | 231                                                                                                        |  | 232      |  | 233                                   |  | 234                     |  | 235                               |  | 236             |  |        |  |
| Ad. Cause                |  | 237                          |  | 238                                                                                                                                        |  | 239           |  | 240                                                                                                        |  | 241      |  | 242                                   |  | 243                     |  | 244                               |  | 245             |  |        |  |
| Ad. Cause                |  | 246                          |  | 247                                                                                                                                        |  | 248           |  | 249                                                                                                        |  | 250      |  | 251                                   |  | 252                     |  | 253                               |  | 254             |  |        |  |
| Ad. Cause                |  | 255                          |  | 256                                                                                                                                        |  | 257           |  | 258                                                                                                        |  | 259      |  | 260                                   |  | 261                     |  | 262                               |  | 263             |  |        |  |
| Ad. Cause                |  | 264                          |  | 265                                                                                                                                        |  | 266           |  | 267                                                                                                        |  | 268      |  | 269                                   |  | 270                     |  | 271                               |  | 272             |  |        |  |
| Ad. Cause                |  | 273                          |  | 274                                                                                                                                        |  | 275           |  | 276                                                                                                        |  | 277      |  | 278                                   |  | 279                     |  | 280                               |  | 281             |  |        |  |
| Ad. Cause                |  | 282                          |  | 283                                                                                                                                        |  |               |  |                                                                                                            |  |          |  |                                       |  |                         |  |                                   |  |                 |  |        |  |

## STATE OF MARYLAND MOTOR VEHICLE ACCIDENT REPORT

Revised 1/2/03

|                          |  |                 |  |                        |  |               |  |                                 |  |          |  |                   |  |            |  |          |  |
|--------------------------|--|-----------------|--|------------------------|--|---------------|--|---------------------------------|--|----------|--|-------------------|--|------------|--|----------|--|
| Report Number 0001007    |  | Page of 22      |  | Accident Date          |  | Accident Time |  | Report Type                     |  | Research |  | Local Case Number |  | Local Code |  | Phone    |  |
| 0001008                  |  | 22              |  |                        |  |               |  | Fatal Injury PDO                |  |          |  |                   |  |            |  | Other    |  |
| Investigating Officer ID |  | Agency and Area |  | Supervising Officer ID |  | Division ID   |  | Case - - - Name of Municipality |  |          |  |                   |  |            |  | County   |  |
| 1st Chas                 |  | 2nd Chas        |  | 3rd Chas               |  | 4th Chas      |  | 5th Chas                        |  | 6th Chas |  | 7th Chas          |  | 8th Chas   |  | 9th Chas |  |
| 10                       |  | 11              |  | 12                     |  | 13            |  | 14                              |  | 15       |  | 16                |  | 17         |  | 18       |  |
| 19                       |  | 20              |  | 21                     |  | 22            |  | 23                              |  | 24       |  | 25                |  | 26         |  | 27       |  |
| 28                       |  | 29              |  | 30                     |  | 31            |  | 32                              |  | 33       |  | 34                |  | 35         |  | 36       |  |
| 37                       |  | 38              |  | 39                     |  | 40            |  | 41                              |  | 42       |  | 43                |  | 44         |  | 45       |  |
| 46                       |  | 47              |  | 48                     |  | 49            |  | 50                              |  | 51       |  | 52                |  | 53         |  | 54       |  |
| 55                       |  | 56              |  | 57                     |  | 58            |  | 59                              |  | 60       |  | 61                |  | 62         |  | 63       |  |
| 64                       |  | 65              |  | 66                     |  | 67            |  | 68                              |  | 69       |  | 70                |  | 71         |  | 72       |  |
| 73                       |  | 74              |  | 75                     |  | 76            |  | 77                              |  | 78       |  | 79                |  | 80         |  | 81       |  |
| 82                       |  | 83              |  | 84                     |  | 85            |  | 86                              |  | 87       |  | 88                |  | 89         |  | 90       |  |
| 91                       |  | 92              |  | 93                     |  | 94            |  | 95                              |  | 96       |  | 97                |  | 98         |  | 99       |  |
| 100                      |  | 101             |  | 102                    |  | 103           |  | 104                             |  | 105      |  | 106               |  | 107        |  | 108      |  |
| 109                      |  | 110             |  | 111                    |  | 112           |  | 113                             |  | 114      |  | 115               |  | 116        |  | 117      |  |
| 118                      |  | 119             |  | 120                    |  | 121           |  | 122                             |  | 123      |  | 124               |  | 125        |  | 126      |  |
| 127                      |  | 128             |  | 129                    |  | 130           |  | 131                             |  | 132      |  | 133               |  | 134        |  | 135      |  |
| 136                      |  | 137             |  | 138                    |  | 139           |  | 140                             |  | 141      |  | 142               |  | 143        |  | 144      |  |
| 145                      |  | 146             |  | 147                    |  | 148           |  | 149                             |  | 150      |  | 151               |  | 152        |  | 153      |  |
| 154                      |  | 155             |  | 156                    |  | 157           |  | 158                             |  | 159      |  | 160               |  | 161        |  | 162      |  |
| 163                      |  | 164             |  | 165                    |  | 166           |  | 167                             |  | 168      |  | 169               |  | 170        |  | 171      |  |
| 172                      |  | 173             |  | 174                    |  | 175           |  | 176                             |  | 177      |  | 178               |  | 179        |  | 180      |  |
| 181                      |  | 182             |  | 183                    |  | 184           |  | 185                             |  | 186      |  | 187               |  | 188        |  | 189      |  |
| 190                      |  | 191             |  | 192                    |  | 193           |  | 194                             |  | 195      |  | 196               |  | 197        |  | 198      |  |
| 199                      |  | 200             |  | 201                    |  | 202           |  | 203                             |  | 204      |  | 205               |  | 206        |  | 207      |  |
| 208                      |  | 209             |  | 210                    |  | 211           |  | 212                             |  | 213      |  | 214               |  | 215        |  | 216      |  |
| 217                      |  | 218             |  | 219                    |  | 220           |  | 221                             |  | 222      |  | 223               |  | 224        |  | 225      |  |
| 226                      |  | 227             |  | 228                    |  | 229           |  | 230                             |  | 231      |  | 232               |  | 233        |  | 234      |  |
| 235                      |  | 236             |  | 237                    |  | 238           |  | 239                             |  | 240      |  | 241               |  | 242        |  | 243      |  |
| 244                      |  | 245             |  | 246                    |  | 247           |  | 248                             |  | 249      |  | 250               |  | 251        |  | 252      |  |
| 253                      |  | 254             |  | 255                    |  | 256           |  | 257                             |  | 258      |  | 259               |  | 260        |  | 261      |  |
| 262                      |  | 263             |  | 264                    |  | 265           |  | 266                             |  | 267      |  | 268               |  | 269        |  | 270      |  |
| 271                      |  | 272             |  | 273                    |  | 274           |  | 275                             |  | 276      |  | 277               |  | 278        |  | 279      |  |
| 280                      |  | 281             |  | 282                    |  | 283           |  | 284                             |  | 285      |  | 286               |  | 287        |  | 288      |  |
| 289                      |  | 290             |  | 291                    |  | 292           |  | 293                             |  | 294      |  | 295               |  | 296        |  | 297      |  |
| 298                      |  | 299             |  | 300                    |  | 301           |  | 302                             |  | 303      |  | 304               |  | 305        |  | 306      |  |
| 307                      |  | 308             |  | 309                    |  | 310           |  | 311                             |  | 312      |  | 313               |  | 314        |  | 315      |  |
| 316                      |  | 317             |  | 318                    |  | 319           |  | 320                             |  | 321      |  | 322               |  | 323        |  | 324      |  |
| 325                      |  | 326             |  | 327                    |  | 328           |  | 329                             |  | 330      |  | 331               |  | 332        |  | 333      |  |
| 334                      |  | 335             |  | 336                    |  | 337           |  | 338                             |  | 339      |  | 3                 |  |            |  |          |  |

Revised 1/2/93